Government of
Saskatchewan

# Annual Report For the Year Ending March 31, 1983

## Saskatchewan Health

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3475 Albert Street
Regina, Saskatchewan
S4S 6X6

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# Letters of Transmittal

**Graham Taylor**

**Saskatchewan Health**

**To the Honourable F. W. Johnson**
**Lieutenant Governor of Saskatchewan**

May It Please Your Honour:

Health care is an area in which Saskatchewan has a long and distinguished tradition. It is a tradition which goes back many years before our hospitalization and medicare programs, to the first municipal doctor schemes and union hospitals. Also, it is a tradition which has been characterized by local initiative and by community support and cooperation.

The Government of Saskatchewan intends to build on our Province's heritage in health care. We will work with health care providers, voluntary organizations, and local communities to develop effective health care programs for Saskatchewan people.

During 1982-83, we undertook reviews of many areas of health care to develop an appropriate organization for the delivery of programs and services. Responsibility for Northern Health Services was transferred to Saskatchewan Health on October 1, 1982. A decision was made to transfer Continuing Care to the Department effective April 1, 1983. A major study of ambulance services was conducted and the decision was made to consolidate these services under Saskatchewan Health effective April 1, 1983.

In addition, specific initiatives were taken in many areas, including capital projects and new programs in hospitals as well as expansion of community-based programs. Many of these initiatives are outlined in the Highlights section of the 1982-83 Annual Report.

The extensive program reviews and the program improvements and expansions which have been undertaken are indicative of the priority which the Government of Saskatchewan attaches to health care. They represent the first stage of our commitment to work with Saskatchewan people to give this Province the best health care in Canada.

Respectfully submitted,

**Graham Taylor**
**Minister of Health**

**K. J. Fyke**

**Saskatchewan Health**

**To the Honourable Graham Taylor**
**Minister of Health**

Sir:

I have the honour to present herewith for your consideration the Annual Report of Saskatchewan Health for the fiscal year ending March 31, 1983.

Respectfully submitted,

**K. J. Fyke**
**Deputy Minister**

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# Highlights

## Community Services

- The number of speech-language pathology positions in Community Health Services was doubled from 10 to 20, including a consultant position in Regina. Moosomin, Estevan, Kindersley and Lloydminster received new services. Areas having expanded services were Saskatoon Rural, Melfort, Yorkton, Prince Albert and Moose Jaw.

- During the year, the Psychiatric Services Branch undertook a number of initiatives to improve crisis intervention services and to establish short-term supervised accommodation for violent, dangerous or difficult to serve persons in Regina and Saskatoon. Implementation is underway.

- In September 1982, the Minister of Health announced an increase in the grants to the City Health Departments in Regina and Saskatoon to $3.35 per capita from $2.50 per capita.

- In July 1982, $500,000 additional funding for ambulance operations was announced as well as a review of the ambulance program. The review looked at the training of ambulance attendants, the structure of the ambulance program and financing of ambulance services.

3.

- In September 1982, coverage under the Saskatchewan Dental Plan was extended to 16 year olds. Services for 14, 15 and 16 year olds are provided in conjunction with private dentists.

- In 1982-83, the number of children enrolled in the Saskatchewan Dental Plan increased to 159,946 from 155,481 in 1981-82. This represented an increase in the participation rate to 84 per cent from 82 per cent of all those eligible for enrollment.

4.

- In March 1983, the Minister of Health announced during the Telemiracle broadcast that Saskatchewan Health would commit $2.7 million toward the establishment of the Kinsmen Children's Centre in Saskatoon. This new rehabilitation centre will house the present facilities for the Alvin Buckwold Centre for the Mentally Retarded, the Saskatchewan Institute for the Prevention of Handicaps and the Children's Rehabilitation Centre.

- In July 1982, changes to and extension of the special needs telephone program were announced. Delivered through the Saskatchewan Aids to Independent Living program, a new more convenient telewriter unit, the "Superphone", will, over the next two years, replace the older telewriter.

## Health Promotion, Education and Research

- An adolescent pilot project was initiated in the Melfort-Tisdale Health Region entitled "Health Is It". This project involved training of public health staff, organization of a youth conference and ongoing peer health counselling by student representatives.

- In early 1983, Health Information Centres were established in 140 community pharmacies in Saskatchewan. A joint project of the Saskatchewan Prescription Drug Plan and the Saskatchewan Pharmaceutical Association, the centres consist of display stands designed to provide consumers with convenient access to information about the wise use of drugs and other health-related topics.

- In January 1983, the Minister of Health announced that the Regina Native Women's Association would receive a grant of $46,000 to operate a pre- and post-natal counselling program called "Healthiest Babies Possible".

- The Regina City Health Department initiated a pilot Teen Weight Control Program. Three city high schools are participating in the pilot project.

- The results of public health initiatives against measles were very successful. Following a major vaccination effort in the fall of 1982, the first four months of 1983 produced only one reported case of red measles and 22 cases of rubella.

- In 1982-83, the Saskatchewan Health Research Board, which is funded by the Department of Health, awarded 38 grants totalling $740,000 to Saskatchewan researchers to carry out innovative bio-medical and socio-health research projects.

- In February 1983, the Centre of Toxicology at the University of Saskatchewan was established. The provincial government provided initial funding of $200,000.

## Specialized Hospital Related Services

- In February 1983, the Minister of Health presented a cheque for $13,750 to the Lions Club of Saskatchewan in support of Western Canada's first corporate eye bank to be located at the University Hospital in Saskatoon. The government also provided $15,000 to the University Hospital for renovations and necessary equipment for the eye bank laboratory.

- In 1982, renovations costing $1.4 million were completed on the Allan Blair Memorial Cancer Clinic, which is located at the Pasqua Hospital in Regina.

- An apnea monitor rental program for parents with infants having breathing problems was approved for the Regina General and Saskatoon University Hospitals.

- A Neonatal Development Assessment Clinic was developed at the Regina General Hospital to provide follow-up assessment services for children discharged from the Neonatal Intensive Care Unit.

- During 1982-83, the Provincial Laboratories recorded 13,100,000 new Statistics Canada one minute work units, an all time high. The work units are nationally recognized performance measures.

## Hospital Construction and Regeneration

- In August 1982, revisions were made to the Provincial Hospital Construction Grant Policy. Under the new formula, retroactive to April 1, 1982, the basic provincial grant for small community hospitals (under 50 beds) increased to 50 per cent (from 40 per cent) of approved costs of construction; for large community hospitals, the provincial share increased to 60 per cent (from 50 per cent); and for regional hospitals, the provincial share increased to 70 per cent (from 60 per cent).

- In September 1982, approval was given for construction of a new hospital in Lloydminster.

- In September 1982, approval was given for construction of a new hospital in Nipawin. The new 70-bed hospital will replace the wood structure originally built in 1945.

- In September 1982, a grant was approved for a major expansion and renovation project at Yorkton Union Hospital.

- In October 1982, grants to Saskatoon City Hospital and St. Paul's Hospital, Saskatoon, were approved for major renovations for fire safety.

- In November 1982, a tender was awarded to proceed with construction to the Cut Knife Union Hospital.

- In September 1982, a $1,000,000 grant was awarded to St. Paul's Hospital in Saskatoon for the replacement of capital equipment.

## Physician Services

- In 1982-83, the Saskatchewan Medical Care Insurance Commission benefits paid for insured physician services totalled $137.3 million, an increase of 21.6 per cent over 1981-82.

- The Saskatchewan Medical Care Insurance Commission reported that there were 1,065 actively practising physicians in Saskatchewan in 1982-83 compared to 1,028 in 1981-82.

- In 1982-83, Saskatchewan Medical Care Insurance Commission benefit payments resulted in an average of $123,300 being paid to each actively participating physician. The costs of office practice had to be paid from that amount.

- In 1982-83, direct billing of patients by physicians in the province occurred in 3 per cent of all claims.

- In 1982-83, approximately 85 per cent of people insured by the Saskatchewan Medical Care Insurance Commission received at least one service.

# Administrative Developments

- On October 1, 1982, the Northern Health Services Branch of the former Department of Northern Saskatchewan was transferred to the Department of Health.

- In March 1983, the Minister of Health released the Ambulance Review Committee Report. Key recommendations of the Report were:

  Consolidation of administration of the ambulance program under the Department of Health;

  Implementation of a new funding approach;

  Provision of funding directly to Ambulance District Boards.

- The 15th and 16th editions of the Saskatchewan Formulary were distributed to doctors, pharmacists, nursing homes and hospitals. During 1982-83, there was a net addition of 33 products to the Formulary. The Formulary lists all drugs covered by the Prescription Drug Plan and includes 1,566 products.

- On August 12, 1982, the Minister of Health announced the appointment of Dr. Paul H. Good as Chairman of the Medical Care Insurance Commission.

# Training of Health Personnel

- The Personnel and Training Branch administers a number of health bursaries and grants.

  In 1982-83 school year, 35 new bursaries were awarded for training in health professions. A further 75 bursary students continued their studies during the year.

  During 1982-83, 7 dentists received financial assistance to pursue specialized areas of study.

  Since 1976, 47 dentists have received grants under the Dental Establishment Grant Program. The program encourages dentists to establish a first-time practice in a community other than Regina or Saskatoon. During the 1982-83 fiscal year, 3 grants were awarded.

  Since 1979, 8 grants have been awarded to Canadian-trained general practitioners establishing a first-time practice in selected under-served locations. During the 1982-83 fiscal year, 3 grants were awarded.

  Since 1980, 15 grants have been awarded to specialist anaesthetists to establish a first-time practice in their specialty in a location approved by the Minister. During the 1982-83 fiscal year, 3 grants were awarded.

# Saskatchewan Vital Statistics

- On October 4, 1982, bank note paper was introduced for the issuing of wallet size birth and marriage certificates. The switch to bank note paper was made to prevent the alteration or counterfeiting of certificates.

- Population and vital statistics data reveal the following:

  In 1982, the population of Saskatchewan reached an all time high of 981,400.

  The percentage of the total population under 20 years of age decreased from 40.1 per cent in 1972 to 34.5 per cent in 1982.

  The percentage of the total population aged 65 years and over increased from 9.3 per cent in 1962 to 10.5 per cent in 1972 to 12.2 per cent in 1982.

  The birth rate in Saskatchewan in 1982 was 18.1 per 1,000 population, an increase over the 1981 rate of 17.8. This is the highest rate experienced over the past five years.

The 1982 death rate of 8.3 per 1,000 population showed a slight increase from the five year low of 7.7 per 1,000 population experienced in 1979.

The marriage rate in 1982 of 7.6 per 1,000 population remained the same as in 1981.

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The marriage rate in 1982 of 7.6 per 1,000 population remained the same as in 1981.

# Health Services Expenditures

## Table 1. Saskatchewan Health Services Expenditures, 1981-82 and 1982-83, by Saskatchewan Health, Health Commissions, Cancer Foundation, Saskatchewan Government Services and Heritage Fund

| Program | | Total Expenditure 1981/82 | Total Expenditure 1982/83 | Percentage distribution 1982/83 |
|---|---|---|---|---|
| **Total** | | **$ 618,714,220** | **$ 733,860,843** | **100.00** |
| **A. Ordinary Expenditures** | | **$ 618,714,220** | **$ 728,704,172** | **99.3** |
| Saskatchewan Hospital Services Plan | (1) | 344,621,695 | 408,205,242 | 55.6 |
| Saskatchewan Medical Care Insurance Commission | | 121,626,000 | 148,795,000 | 20.3 |
| Saskatchewan Prescription Drug Plan | | 31,504,594 | 40,596,273 | 5.5 |
| Psychiatric Services Branch | | 23,259,505 | 27,437,066 | 3.7 |
| Hospital Construction Grants | (2) | 17,844,351 | 13,898,500 | 1.9 |
| Saskatchewan Dental Plan | | 12,437,874 | 14,503,266 | 2.0 |
| Community Health Services | (3) | 12,394,708 | 14,129,578 | 1.9 |
| Saskatchewan Cancer Foundation | | 10,268,850 | 11,409,100 | 1.6 |
| Grants to Health Agencies | (4) | 9,212,598 | 11,261,742 | 1.5 |
| Alcoholism Commission | | 5,307,327 | 6,363,593 | 0.9 |
| Provincial Laboratories | | 2,941,690 | 3,464,625 | 0.5 |
| Saskatchewan Aids to Independent Living | | 2,693,180 | 3,470,402 | 0.5 |
| Health Services Program | | 2,556,596 | 3,439,970 | 0.5 |
| Saskatchewan Hearing Aid Plan | | 1,361,012 | 1,699,585 | 0.2 |
| Grant to Saskatchewan Health Research Fund | (5) | 1,150,000 | 750,000 | 0.1 |
| Northern Health Services | | — | 1,688,709 | 0.2 |
| Administrative Costs and Support Services | | 14,944,240 | 17,591,521 | 2.4 |
| | | $ 614,124,220 | $ 728,704,172 | 99.3 |
| **B. Capital — Saskatchewan Government Services** | | **$ 766,818** | **$ 932,916** | **0.1** |
| **C. Capital — Heritage Fund** | | **$ 3,823,791** | **$ 4,223,755** | **0.6** |

*(1) Includes: Payments under the Hospital Revenue Act.*

*(2) Includes: Grants to Hospitals and Health Centres and Regina Hospitals Regeneration Program.*

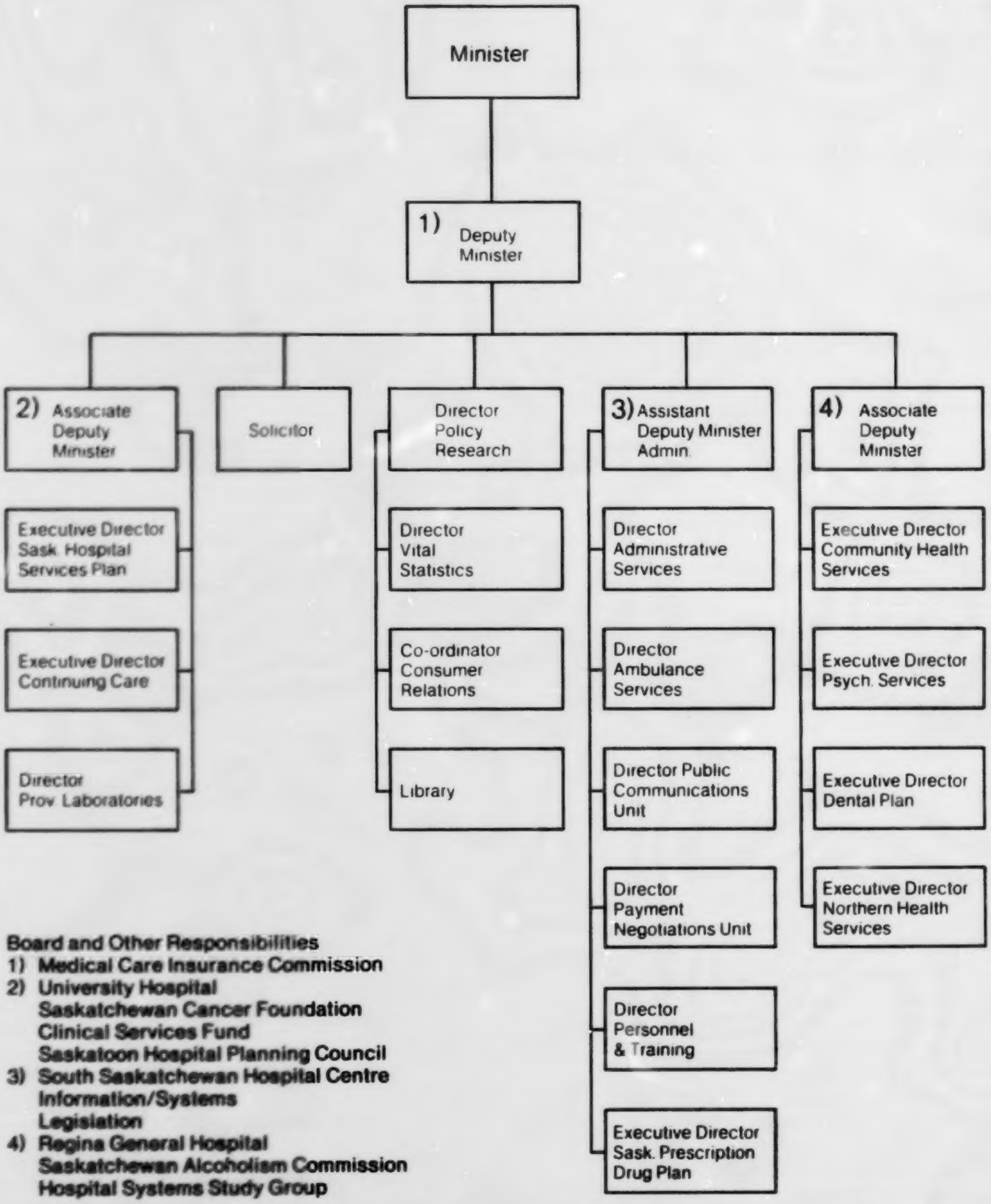
*(3) Includes: Air Ambulance Program, Communicable Disease Control, and Health Promotion.*

*(4) Includes: Grants to City Health Departments and Other Health Agencies, Grants for Psychiatric Health Services and Grants in Assistance of Clinical Services provided by the Medical Education System.*

*(5) 1981-82 includes Grants for Research on Low Level Radiation.*

# Organization

Figure 1. Organization of Saskatchewan Health, August, 1983


Minister
1) Deputy Minister
2) Associate Deputy Minister
Solicitor
Director Policy Research
3) Assistant Deputy Minister Admin.
4) Associate Deputy Minister
Executive Director Sask. Hospital Services Plan
Executive Director Continuing Care
Director Prov. Laboratories
Director Vital Statistics
Co-ordinator Consumer Relations
Library
Director Administrative Services
Director Ambulance Services
Director Public Communications Unit
Director Payment Negotiations Unit
Director Personnel & Training
Executive Director Sask. Prescription Drug Plan
Executive Director Community Health Services
Executive Director Psych. Services
Executive Director Dental Plan
Executive Director Northern Health Services

**Board and Other Responsibilities**

1) Medical Care Insurance Commission
2) University Hospital
   Saskatchewan Cancer Foundation
   Clinical Services Fund
   Saskatoon Hospital Planning Council
3) South Saskatchewan Hospital Centre
   Information/Systems
   Legislation
4) Regina General Hospital
   Saskatchewan Alcoholism Commission
   Hospital Systems Study Group

# Saskatchewan Health at September 1, 1983

| | |
|---|---|
| **Minister of Health** | The Honourable Graham Taylor |
| **Deputy Minister** | K. J. Fyke |
| **Associate Deputy Minister** | Dr. P. A. R. Glynn |
| **Associate Deputy Minister** | G. H. Loewen |
| **Assistant Deputy Minister** | R. T. Reid |
| **Department Solicitor** | R. G. Ellis, Q.C. |
| **Alcoholism Commission of Saskatchewan** | |
| Chairman | Dr. S. Cohen |
| Executive Director | B. Kearns |
| **Saskatchewan Medical Care Insurance Commission** | |
| Chairman | Dr. P. H. Good |
| Executive Director | G. C. Patchett |
| **Administrative Services Branch** | |
| Director | L. J. Krahn |
| **Public Communications Unit** | |
| Director | R. Jorgensen |
| **Personnel and Training Branch** | |
| Director | K. S. MacDonald |
| **Payment Negotiation Unit** | |
| Director | B. Topp |
| **Policy Research and Management Services Branch** | |
| Director | Dr. D. J. Philippon |
| Health Library | |
| Library Supervisor | M. Smigarowski |
| Vital Statistics Division | |
| Director | V. Cloarec |
| **Provincial Laboratories** | |
| Director | Dr. H. E. Robertson |
| Associate Director (Administration) | I. F. Rogers |
| **Psychiatric Services Branch** | |
| Executive Director | J. Yarske |
| Associate Executive Director | Dr. J. W. Elias |
| Assistant Executive Director | B. Titus |
| Director Psychiatric Research | Dr. A. A. Boulton |
| Director Professional Training | Dr. R. Denson |
| Medical Consultant and Services to the Elderly | Dr. C. M. Smith |
| Director of Child and Youth Services, Regina Region | Dr. T. A. Russell |
| Executive Director, Battlefords Mental Health Region | K. L. M. Smallwood |
| Executive Director, Yorkton Mental Health Region | D. Hunter |
| Executive Director, Weyburn Mental Health Region | N. H. Stevens |
| Executive Director, Regina Mental Health Region | R. F. Firnesz |
| Executive Director, Moose Jaw Mental Health Region | F. Regel |
| Regional Director, Swift Current Mental Health Region | Dr. M. Hunt |

| | |
|---|---|
| Regional Director, Prince Albert Mental Health Region | Dr. M. Z. Hussain |
| Regional Director, Saskatoon Mental Health Region | Dr. C. F. Lipscomb |
| Regional Director, Regina Mental Health Region | Dr. S. Cebrian-Perez |
| Regional Director, Battleford Mental Health Region | Dr. K. M. Carlson |
| Regional Director, Weyburn Mental Health Region | Dr. S. Banerjee |
| Medical Director, Yorkton Mental Health Region | Dr. R. B. Samuels |
| Regional Director, Moose Jaw Mental Health Region | Dr. G. Pantazopoulos |

**Community Health Services Branch**

| | |
|---|---|
| Executive Director | S. Malach |
| Assistant Director (Administration) | J. Dvernichuk |
| Medical Consultant S.H.S.P. & C.H.S.B. | Dr. H. C. Grocott |
| Provincial Epidemiologist | Dr. R. West |
| Director Saskatchewan Aids to Independent Living | R. B. Wallace |
| Director Saskatchewan Hearing Aid Plan | J. DeGraaf |
| Director Public Health Nursing | M. Dirk |
| Director Public Health Inspection | A. Hazlewood |
| Health Region Directors and Medical Health Officers: | |
| — Swift Current (No. 1) and Moose Jaw-Assiniboia-Gravelbourg (No. 2) | Dr. J. Burkholder |
| — Weyburn-Estevan (No. 3) and Regina Rural (No. 5) | Dr. H. C. Grocott (Acting) |
| — North Battleford (No. 13) | Dr. P. Schnee |
| — Saskatoon Rural (No. 8) | Dr. D. Watler (Acting) |
| — Rosetown-Biggar-Kindersley (No. 7) | Dr. P. Schnee (Acting) |
| — Yorkton-Melville (No. 10) | Dr. D. Watler |
| — Melfort-Tisdale (No. 11) and Prince Albert (No. 12) | Dr. H. L. Kinman |
| Health Region Administrators | |
| — Swift Current (No. 1) | B. Williams (Acting) |
| — Weyburn-Estevan (No. 3) | M. Hoffart |
| — Rosetown-Biggar-Kindersley (No. 7) | B. Williams |
| — Prince Albert (No. 12) | M. J. Thorn |

**Saskatchewan Dental Plan**

| | |
|---|---|
| Executive Director | Dr. M. Lewis |
| Associate Director | C. P. Millions |
| Assistant Director — Direct Service | Dr. S. M. Wolfson |
| Assistant Director — Dental Claims and Contracts | W. W. Moncur |

**Saskatchewan Hospital Services Plan**

| | |
|---|---|
| Executive Director | W. F. Roger |
| Associate Executive Director | E. H. Wright |
| Assistant Executive Director | D. Cameron |

**Saskatchewan Prescription Drug Plan**

| | |
|---|---|
| Executive Director | J. C. Reid |

| | |
|---|---|
| **Ambulance Services Branch** | |
| Director | Dr. G. A. Heimann |
| **Continuing Care Branch** | |
| Executive Director | S. Petz |
| Director Development Division | L. Hill |
| Director Home Care Division | L. Borden |
| Director Residential Care | W. McKendrick |
| **Lakeside Home Wolseley** | |
| Administrator | I. F. Rogers (Acting) |
| **Northern Health Services Branch** | |
| Executive Director | K. L. M. Smallwood (Acting) |

# 1. Central Services

## Training of Health Personnel

The bursary program assists students training in selected health professions in which a scarcity of qualified personnel exists.

The program is financed through funds received from the Student Assistance and Student Aid Fund of the Department of Advanced Education and Manpower. These funds are in turn awarded by Saskatchewan Health and the program is administered by the Personnel and Training Branch.

The bursary program is open to the general public and employees of this Department. The types of training for which bursaries are provided are advertised in all provincial daily newspapers. Applications are then screened and all applicants eligible for the bursary program are interviewed by a Bursary Selection Committee. In return for financial assistance, bursary recipients agree to work for a stipulated time for Saskatchewan Health, or in a position within the Province approved by the Minister of Health.

The following table illustrates the amount of service commitment completed by graduates of the bursary program:

| | | |
|---|---|---|
| Total graduates (1960-1983) | 1,485 | 100% |
| Service completed | 922 | 62.9 |
| Currently serving | 103 | 6.9 |
| Partial service | 232 | 15.6 |
| No service | 215 | 14.5 |
| Service deferments | 13 | 0.9 |

Between 1960 and 1983, a total of 1,485 bursary recipients graduated. Of this total, 1,038 (69.9%) have served their commitment, are currently serving their commitment, or have had their commitment deferred. A further 232 (15.6%) provided partial service and repaid some cash. Only 215 (14.5%) have provided no service.

### Table 2. Bursary Students, Saskatchewan, 1981-82 and 1982-83

| | Students continuing | | New students | |
|---|---|---|---|---|
| Area of study | 1981-82 | 1982-83 | 1981-82 | 1982-83 |
| **Total** | **92** | **75** | **28** | **35** |
| Clinical psychology | 2 | 1 | — | 2 |
| Dentistry: | | | | |
| Undergraduate* | 39 | 22 | — | — |
| Postgraduate | 6 | 4 | 3 | 3 |
| Medical social work | — | — | — | 2 |
| Nuclear medicine technology | 5 | 6 | 3 | 1 |
| Nursing: | | | | |
| Public health | 7 | 6 | 6 | 5 |
| Occupational therapy | 12 | 11 | 1 | 5 |
| Orthoptics | 1 | 2 | 1 | 1 |
| Physical therapy | 11 | 11 | 6 | 5 |
| Prosthetics and orthotics | — | — | — | 3 |
| Public health inspection | 5 | 6 | 4 | 4 |
| Respiratory technology | — | — | — | — |
| Speech pathology and audiology | 4 | 6 | 4 | 4 |

* *Effective April 1, 1979, financial assistance for undergraduate dental students has been available exclusively through Saskatchewan Advanced Education Student Aid program.*

With the exception of public health nurses, bursary recipients are required to provide two years of service for the first year of assistance and one year of service for each subsequent year of assistance. Public health nurses provide one year of service for each year of assistance. Recipients who default on their service commitment must repay monies awarded plus interest.

Bursary recipients are awarded funds for tuition fees, a textbook allowance, travel to and from the location of training (once), plus a monthly living allowance.

Table 2, page 1, shows the distribution of bursary students at universities and institutes of technology during the 1981-82 and 1982-83 fiscal years.

## Dental Specialists

In 1966, the Department introduced a bursary program to provide financial assistance to graduate dentists pursuing specialized areas of study. This program is designed to encourage dentists to study specialties which are in short supply and to return to the Province upon completion of their training.

Assistance consists of the payment of registration and tuition fees, plus a monthly living allowance. A service commitment is required upon completion of training.

During the period 1966 to March 31, 1983, a total of 44 dentists received assistance under this program. Thirty-seven of these dentists have graduated; six are currently studying; and one has discontinued studies and has repaid all funds.

The following table illustrates the amount of service commitment completed by graduates of the program.

| **Total graduates** | **37** |
|---|---|
| Service completed | 15* |
| Currently serving | 6 |
| Partial service | 2 |
| No service | 13 |
| Service deferments | 1 |

*Thirteen of the 15 dentists who completed their service commitment are still practising in the Province.*

The specialties of the 13 dentists still practising in the Province are as follows:

| **Total** | **13** |
|---|---|
| Dental oral surgery | 2 |
| Orthodontics | 4 |
| Paedodontics | 1 |
| Periodontics | 4 |
| Plastic surgery | 1 |
| Prosthodontics | 1 |

The six additional dentists currently serving their commitment have specialized in prosthodontics, orthodontics (2), oral and maxillo-facial surgery, endodontics, and periodontics.

## Dental Establishment Grants

In 1976-77, a new Dental Establishment Grant program was introduced to encourage dentists to establish a first-time practice in a Saskatchewan community other than Regina and Saskatoon. Under the new program, grants up to $20,000 are available to dentists as follows:

| Location | Maximum grant available |
|---|---|
| Regina and Saskatoon | Nil |
| Home care community service districts* with dentist to population ratio: | |
| — of 1 dentist to 3,500 persons or less | $ Nil |
| — from 1:3,501 to 1:6,500 | $10,000 |
| — of 1:6,501 or more | $20,000 |

* *The Province is divided into 45 Home Care Community Service Districts. The average district contains approximately 15,000 persons. The boundaries of the districts follow social patterns. In years prior to the establishment of Home Care Districts these grants were based on the population of Health Statistical Areas.*

The amount of the grant is based on the ratio of dentists to population using Home Care Community Service Districts.

Approved applicants receive payment of $1,000 on a quarterly retroactive basis upon receipt of a service verification form from the practising dentist. Payments cease if and when a dentist withdraws service and the final payment is pro-rated on the actual time service was provided in that quarter.

The following table provides the distribution of approved grants since the inception of the program:

| Year | Number of grants | Amount of grants |
|---|---|---|
| **Total** | **47** | **$630,000** |
| 1976-77[1] | 5 | $ 10,000 |
|  | 3 | $ 20,000 |
| 1977-78[2] | 6 | $ 10,000 |
|  | 2 | $ 20,000 |
| 1978-79[3] | 7 | $ 10,000 |
|  | 1 | $ 20,000 |
| 1979-80[4] | 5 | $ 10,000 |
|  | 3 | $ 20,000 |
| 1980-81[5] | 5 | $ 10,000 |
|  | 2 | $ 20,000 |
| 1981-82[6] | 2 | $ 10,000 |
|  | 3 | $ 20,000 |
| 1982-83[7] | 1 | $ 10,000 |
|  | 2 | $ 20,000 |

*Location of practice of dentists receiving grants*

*[1] Tisdale (3), Kamsack, Kelvington, Melfort, Broadview and Fort Qu'Appelle*

*[2] Assiniboia, Kindersley, Leader, Melville, Moose Jaw, North Battleford (2) and Rosetown*

*[3] Prince Albert, Melfort, Kindersley (2), Maple Creek, Nipawin (2) and Yorkton*

*[4] Swift Current (2), Esterhazy, Moose Jaw, Gravelbourg, Shaunavon, Yorkton and Wilkie*

*[5] Hudson Bay, Moose Jaw, Nipawin, Estevan, Prince Albert (2) and Weyburn.*

*[6] Lanigan, Estevan (2), Meadow Lake, and Weyburn.*

*[7] Spiritwood, Estevan and Biggar*

## Grants to Dental Specialists

On October 2, 1979 the Dental Establishment Grant Regulations were amended to provide establishment grants to dentists who are certified as specialists by the Saskatchewan College of Dental Surgeons.

A dental specialist who is establishing a specialist practice for the first time in Saskatchewan at a location that in the opinion of the Minister requires specialist services may receive a grant not exceeding $10,000. Conditions of these grants are similar to those for dental establishment grants.

No grants have been approved for this program since its inception.

## Medical Practice Establishment Grants

This program was established in April 1979, for the purpose of providing an incentive to Canadian-trained physicians to locate in Saskatchewan's smaller communities and to support the efforts of those communities interested in recruiting a physician. The program was amended in March 1980 to provide financial assistance to physician specialists who are interested in establishing a practice in an area where an acute manpower shortage exists in their particular specialty.

## Grants to Physicians Establishing a Practice in Rural Saskatchewan

Saskatchewan Health will match community contributions up to a maximum of $15,000 to establish a Canadian-trained physician in a first-time practice in a grant-approved location. Physicians may elect to receive a lump sum payment at commencement of practice or payment in quarterly installments of $1,250. Physicians receiving a lump sum payment must agree to a service commitment of one year for each $5,000 received. Default requires a proportionate repayment of the grant with interest. By mutual agreement between the physician and the community, the grant can be paid to the community.

The following table provides the distribution of approved grants since the inception of the program:

| Year | Number of grants | Amount of each grant | Expenditure | Location of practice |
|---|---|---|---|---|
| **Total** | **8** | | **$118,850** | |
| 1979-80 | 4 | $15,000 | $60,000 | Hudson Bay (3)<br>Borden (1) |
| 1980-81 | — | — | — | — |
| 1981-82 | 1 | $15,000 | $15,000 | Hudson Bay |
| 1982-83 | 2 | $15,000 | $30,000 | Watrous<br>Moosomin |
| | 1 | $13,850 | $13,850 | Midale |

## Grants to Specialists

Grants up to a maximum of $25,000 are available to specialist physicians who have either a Certificate of or Fellowship in the Royal College of Physicians and Surgeons of Canada, or are eligible for examination in a specialty area designated as being in short supply by the Minister of Health. The physicians must: be establishing a first-time practice in their specialty in Saskatchewan at a location approved by the Minister; have been admitted to the medical staff of a hospital at that location; and have been granted privileges to provide services in their specialty. Each physician must restrict practice to his or her specialty and may elect to receive a lump sum payment at commencement of practice or payment in quarterly installments of $2,100. A service commitment of three months for each $2,100 received is required if a lump sum payment is received. A proportionate repayment with interest is required if there is a default in the service commitment.

Anaesthesia has been designated by the Minister of Health as a specialty that is in short supply.

The following table provides the distribution of approved grants to anaesthetists since the inception of the program:

| Year | Number of grants | Amount of each grant | Expenditure | Location of practice |
|---|---|---|---|---|
| **Total** | **15** | | **$375,000** | |
| 1979-80 | Nil | | | |
| 1980-81 | 6 | $ 25,000 | $150,000 | Saskatoon (4),<br>Regina (2) |
| 1981-82 | 6 | $ 25,000 | $150,000 | Saskatoon (5),<br>Regina (1) |
| 1982-83 | 3 | $ 25,000 | $ 75,000 | Saskatoon (1)<br>Regina (2) |

## Undergraduate Medical Student Loans

Effective April 1, 1979, the Saskatchewan Medical Care Insurance Commission undergraduate medical student bursary program was terminated. To assist students who were already enrolled in the College of Medicine, University of Saskatchewan, as of that date, a loan assistance program was approved in the fiscal year 1979-80. The maximum loan available to a student is $2,500 per school year. In 1981-82, 8 loans were approved for $2,500, 1 for $1,850, and 1 for $1,330. In 1982-83, 3 loans were approved for $2,500.

These loans will not be available after the 1982-83 school year, at which time all students enrolled in the College of Medicine as of April 1, 1979 will have completed their undergraduate medical studies.

### In-Service Training

The objectives of Department-sponsored employee in-service training programs are as follows: to improve the efficiency and economy of operations by developing a well-trained staff; to assist employees in achieving their highest potential; and to motivate and stimulate employee participation in self-development programs.

The Department offers an "Introduction to Supervision" course followed by a management development program based upon three courses produced by the American Management Association. They are "Essentials of Management", "Developing Supervisory Leadership Skills" and "How To Improve Individual Management Performance". These courses are presented in three day sessions and involve the use of films, programmed instruction material, lectures, case studies and discussions. Since the inception of this program in January 1968, 3,292 personnel have participated. The Department has also sponsored a Pre-Retirement program for employees and their spouses to assist them in their retirement planning.

To assist new employees to become acquainted with key personnel and to familiarize themselves with the major programs of the Department, an orientation conference is held periodically. The conferences feature presentations by branch heads and other senior personnel of the Department. One orientation conference was conducted in 1982-83 which was attended by a total of 24 employees.

Special training presentations are made in response to requests both from within and outside the Department. Personnel from non-government health agencies share in these programs.

Employees of the Department also participated in various training courses offered by the Saskatchewan Public Service Commission including an Education Leave Assistance program. The primary objective of this program is to provide a limited number of employees with an opportunity to upgrade their qualifications and enhance their level of service to the Department.

## Saskatchewan Vital Statistics

The Division of Vital Statistics of Saskatchewan Health maintains and operates a province-wide system for registration of births, stillbirths, deaths, marriages, divorces, adoptions and changes of name which occur in Saskatchewan according to the terms of The Vital Statistics Act, The Marriage Act and The Change of Name Act. A detailed account of vital data may be found in Saskatchewan Health's Vital Statistics Annual Report.

In addition to the registration and statistical function, the Division of Vital Statistics provides a variety of services to the citizens of Saskatchewan, including searching of vital records and issuing of registration certificates as legal proof of registered events. The general costs of maintaining the registration system are borne by the Province. However, the costs for specific services requested by individuals must be paid for by the individuals themselves. Accordingly, a fee is charged for searching records and issuing certificates of registration.

The Division of Vital Statistics works closely with approximately 800 registrars throughout the Province in the collection of vital data. Municipal secretaries, town clerks and city clerks serve as registrars. These registrars forward their returns of birth, death, and stillbirth registrations on a weekly basis to the Division office in Regina. The Division of Vital Statistics also receives registrations of marriages from clergy members and marriage commissioners. Notices of divorces, annulments, and adoptions are received from court officials within the Province's judicial districts.

All birth, death, stillbirth, and marriage data collected at the provincial level are forwarded regularly to Statistics Canada in Ottawa and are used to compile national vital statistics.

## Legislation

The Division of Vital Statistics is responsible for the administration of the following legislation:

The Vital Statistics Act

The Vital Statistics Act provides for the registration of all vital events which occur in Saskatchewan. Subsequent to registration of these events, certificates confirming the registration may be obtained from the Division of Vital Statistics upon application in the prescribed form and payment of the prescribed certificate fee. In cases where events were not registered at the time of occurrence, there is provision for delayed registration if the necessary documentation is submitted.

The Marriage Act

The Marriage Act provides for legal recognition of marriages in Saskatchewan. This Act also makes provision for the appointment of marriage licence issuers and marriage commissioners in Saskatchewan, the recognition of religious bodies and the registration of clergy recommended by these religious bodies to perform marriages in Saskatchewan. In administering The Marriage Act, the Division of Vital Statistics provides assistance and supplies to marriage licence issuers, marriage commissioners, and clergy throughout the Province to ensure that marriages meet the requirements of the Act.

## Table 3. Vital Statistics, Saskatchewan, 1978 to 1982

| Item | 1978 | 1979 | 1980 | 1981 | 1982* |
|---|---|---|---|---|---|
| Population (1,000's) | 944† | 953† | 961† | 968† | 981 |
| Live births | 16,551 | 16,944 | 17,057 | 17,209† | 17,759 |
| Rate‡ | 17.5 | 17.8 | 17.7† | 17.9† | 18.1 |
| Deaths | 7,749 | 7,369 | 7,651† | 7,523† | 8,173 |
| Rate‡ | 8.2 | 7.7 | 8.0† | 7.8† | 8.3 |
| Natural increase | 8,802† | 9,575 | 9,406† | 9,686† | 9,586 |
| Rate‡ | 9.3 | 10.0 | 9.8† | 10.0 | 9.8 |
| Infant deaths | 236 | 194 | 193 | 203† | 181 |
| Rate** | 14.3 | 11.4 | 11.3 | 11.8† | 10.2 |
| Stillbirths (28+ weeks gestation) | 99 | 108 | 91† | 104 | 99 |
| Rate*** | 6.0 | 6.4 | 5.3 | 6.0† | 5.6 |
| Perinatal deaths (28+ weeks gestation) | 234 | 212 | 186† | 196† | 191 |
| Rate*** | 14.1 | 12.4 | 10.8† | 11.3† | 10.7 |
| Marriages | 7,135† | 7,261† | 7,561 | 7,325 | 7,491 |
| Rate‡ | 7.5 | 7.6 | 7.9† | 7.6† | 7.6 |
| Divorces and annulments†† | 1,428† | 1,528† | 1,836† | 1,905 | 1,819 |

* *Preliminary figures.*

† *Revised figures.*

‡ *Rate per 1,000 population.*

** *Rate per 1,000 live births.*

†† *See section on Divorces and Annulments page 8.*

*** *Rate per 1,000 total births.*

### The Change of Name Act

The Change of Name Act provides citizens of Saskatchewan who are at least 18 years of age with the opportunity to apply for a legal change of name. Applications for a change of name are reviewed in the Division of Vital Statistics and, if accepted, the change of name is registered and subsequently published in The Saskatchewan Gazette. Following registration and publication of the change of name and payment of the prescribed fee, the applicant is provided with an official change of name certificate.

## Highlights and Trends

### Population Trends

The population in Saskatchewan is again on the increase following a period of decline in the years 1973 and 1974. From the low of 899,700 in 1974, Table 3, on page 6, shows a significant increase in population in the years 1978 to 1982 (943,500; 952,500; 961,100; 968,313; 981,400 respectively).

Table 4, on page 7, indicates several significant trends with respect to age distribution of Saskatchewan's population. The percentage of the total population under 20 years of age decreased from 40.6 per cent in 1971 to 34.5 per cent in 1981. The percentage of the total population aged 65 years and over has increased from 9.2 per cent in 1961, to 10.2 per cent in 1971, to 12.0 per cent in 1981.

### Death Rate and Causes of Death

Saskatchewan's death rate has exhibited minor fluctuations during the period 1977 to 1982. The 1982 death rate of 8.3 per 1,000 population shows a slight increase from the five year low of 7.7 per 1,000 population experienced in 1979 (Table 5, page 8).

Table 5, on page 8, shows heart disease and malignant neoplasms (cancer) to be the leading causes of death in 1981 and 1982. The rates per 100,000 population for heart disease and malignant neoplasms in 1982 increased to 277.3 and 180.9 respectively.

## Table 4. Population and Per Cent Distribution by Age Group and Sex, Saskatchewan, 1961, 1971 and 1981[*]

| Age group | 1961 | | | 1971 | | | 1981 | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | Male | Female | Total | Male | Female | Total | Male | Female |
| Distribution[†] | | | | | | | | | |
| **Total** | **925,200** | **479,600** | **445,600** | **926,200** | **470,700** | **455,500** | **968,300** | **486,100** | **482,200** |
| 0-19 | 387,600 | 198,600 | 189,000 | 376,200 | 192,100 | 184,100 | 333,600 | 170,500 | 163,000 |
| 20-44 | 286,500 | 146,300 | 140,200 | 268,300 | 136,600 | 131,600 | 334,600 | 169,800 | 164,800 |
| 45-64 | 165,600 | 87,400 | 78,200 | 187,000 | 94,500 | 92,500 | 184,000 | 91,600 | 92,300 |
| 65+ | 85,500 | 47,300 | 38,200 | 94,800 | 47,600 | 47,200 | 116,200 | 54,100 | 62,100 |
| Per cent distribution[†] | | | | | | | | | |
| **Total** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** | **100.0** |
| 0-19 | 41.9 | 41.4 | 42.4 | 40.6 | 40.8 | 40.4 | 34.5 | 35.1 | 33.8 |
| 20-44 | 31.0 | 30.5 | 31.5 | 29.0 | 29.0 | 28.9 | 34.6 | 34.9 | 34.2 |
| 45-64 | 17.9 | 18.2 | 17.5 | 20.2 | 20.1 | 20.3 | 19.0 | 18.8 | 19.1 |
| 65+ | 9.2 | 9.9 | 8.6 | 10.2 | 10.1 | 10.4 | 12.0 | 11.1 | 12.9 |

[*] *Source — Statistics Canada.*

[†] *As each population figure has been independently rounded to the nearest hundred. totals do not necessarily equal the sum of the figures for age groups.*

### Birth Rate

The birth rate in Saskatchewan of 18.1 was a slight increase from the 1981 rate of 17.8. This rate is the highest experienced over the past five years (Table 3, page 6).

### Marriage Rate

The marriage rate in 1982 of 7.6 per 1,000 population was the same as that experienced in 1981. The marriage rate has remained constant for the past few years with the exception of 1979 which showed a slight increase (Table 3, page 6).

### Divorces and Annulments

In 1982 a total of 1,819 divorces and annulments were registered under The Vital Statistics Act in Saskatchewan. This does not represent the total number of divorce petitions filed in 1982 since some petitions are not yet finalized.

## Table 5. Ten Leading Causes of Death with Percentages and Rates per 100,000 Population, Saskatchewan, 1981* and 1982*

| Cause of death† | Number | | Per cent | | Rate per 100,000 population‡ | |
|---|---|---|---|---|---|---|
| | 1981 | 1982* | 1981 | 1982* | 1981 | 1982* |
| **All causes of death:** | **7,523††** | **8,173** | **100.0††** | **100.0** | **773.2††** | **832.8** |
| Ten leading causes: | 6,410†† | 6,817 | 85.2†† | 83.4 | 662.0†† | 694.6 |
| Heart diseases (393-429) | 2,620†† | 2,721 | 34.8†† | 33.3 | 270.6†† | 277.3 |
| Malignant neoplasms (140-208) | 1,647†† | 1,775 | 21.8†† | 21.7 | 170.1†† | 180.9 |
| Cerebrovascular diseases (430-438) | 677†† | 730 | 9.0†† | 8.9 | 69.9†† | 74.4 |
| Accidents (E800-E949) | 528†† | 534 | 7.0†† | 6.5 | 54.5†† | 54.4 |
| Pneumonia (480-486) | 301†† | 373 | 4.0†† | 4.6 | 31.1†† | 38.0 |
| Diseases of arteries, arterioles and capillaries (440-448) | 222†† | 247 | 3.0†† | 3.0 | 22.9†† | 25.2 |
| Suicide and self-inflicted injury (E950-E959) | 171†† | 171 | 2.3†† | 2.1 | 17.7†† | 17.4 |
| Bronchitis, emphysema and asthma (490-493) | 96†† | 128 | 1.3†† | 1.6 | 9.9†† | 13.0 |
| Certain causes of perinatal mortality (760-779) | 81†† | 78 | 1.1†† | 1.0 | 8.4†† | 7.9 |
| Congenital anomalies (740-759) | 67†† | 60 | 0.9†† | 0.7 | 6.9†† | 6.1 |
| **Other causes:** | **1,113††** | **1,356** | **14.8††** | **14.8** | **114.9††** | **138.2** |

* *Data is based on events occurring in Saskatchewan and are preliminary figures.*

† *Code numbers shown in brackets are according to the International Classification of Diseases, Injuries and Causes of Death; 9th (1975) Revision.*

‡ *Population used: Statistics Canada, 1981 — 968,313; 1982 — 981,400.*

** *Preliminary figures.*

†† *Revised figures.*

# Services to the Elderly

In 1982, 12 per cent of the Saskatchewan population were aged 65 and over. This is the largest percentage of any province with the exception of Prince Edward Island. Table 6, page 9, shows that the figure of 12 per cent is expected to remain stable over the next 20 years; however, in absolute numbers there is expected to be an increase of about 28,630 persons in this age group.

Table 7, page 10, shows that the increase will be particularly marked in persons aged 80 and over. If this estimate is accurate, the increase in this "old old" group will amount to about 16,765 persons or 59 per cent of the total increase in numbers.

This increased number of the very elderly will certainly lead to a rise in the number of mental and physical disorders, as these become more frequent with advanced years, and will result in greatly increased demands for hospital, nursing home and community care services. The importance of providing specialized services to the elderly in nursing homes, hospitals and the community is well recognized. At present there are a variety of services available through Saskatchewan Health. These include: hospital and medical services, the Prescription Drug Plan, the Saskatchewan Aids to Independent Living, the Saskatchewan Hearing Aid Plan, the Saskatchewan Alcoholism Commission, the Saskatchewan Cancer Foundation, Community Health Services and Psychiatric Services. Saskatchewan Health also works closely with the Department of Social Services and the Provincial Gerontologist in providing services to the elderly. A comprehensive list of services available to the elderly is provided in the "Senior Citizens Handbook" issued free of charge by the Senior Citizens Provincial Council in Regina.

## Table 6. Historical Trends in the Senior Population as a Proportion of the Total Population, 1911-2001

| | Saskatchewan | | Canada | |
|---|---|---|---|---|
| | Population 65+ | % of population 65+ | Population 65+ | % of population 65+ |
| 1911 | 8,462 | 1.7 | 333,763 | 4.7 |
| 1921 | 17,150 | 2.3 | 420,226 | 4.8 |
| 1931 | 31,022 | 3.4 | 576,076 | 5.6 |
| 1941 | 46,252 | 5.2 | 767,815 | 6.7 |
| 1951 | 67,213 | 8.2 | 1,086,273 | 7.8 |
| 1961 | 85,570 | 9.3 | 1,392,154 | 7.6 |
| 1971 | 94,805 | 10.3 | 1,744,410 | 8.1 |
| 1981 | 116,170 | 12.0 | 2,360,975 | 9.7 |
| 2001* | 144,800 | 12.0 | 3,387,400 | 12.1 |

* *This increase is based on Projection Four. The alternative, posed in Projection One, estimates a slower growth in the senior population (16.3% in 20 years) but a higher proportion of seniors (14%) partly due to higher out-migration rates at the younger age levels.*

*Source: Statistics Canada, Census of Canada 1911-1981*
*Statistics Canada: Population Projections for Canada and the Provinces 1976-2001*

## Table 7. Proportion of the Senior Citizen Population Aged 80 years and Over, Saskatchewan and Canada, 1911-2001

| | Saskatchewan | | Canada | |
|---|---|---|---|---|
| | % of seniors aged 80+ years | # of seniors aged 80+ years | % of seniors aged 80+ years | # of seniors aged 80+ years |
| 1911 | 10.5 | 888 | 7.2 | 23,906 |
| 1921 | 9.3 | 1,599 | 13.2 | 58,478 |
| 1931 | 10.0 | 3,100 | 12.9 | 74,499 |
| 1941 | 12.5 | 5,768 | 14.0 | 107,295 |
| 1951 | 11.6 | 7,787 | 13.8 | 149,313 |
| 1961 | 16.5 | 14,111 | 16.4 | 227,640 |
| 1971 | 23.6 | 22,410 | 19.6 | 341,560 |
| 1981 | 21.2 | 24,635 | 19.1 | 450,575 |
| 2001* | 28.6 | 41,400 | 23.4 | 799,600 |

* *Projected*

*Source: Statistics Canada. Census of Canada 1911-1981*
*Statistics Canada. Population Projections for Canada and the Provinces 1976-2001*

Saskatchewan Health has initiated a number of innovative programs for the elderly. Day hospital programs have been established in Moose Jaw and Saskatoon. A day hospital program involves the provision of diagnostic, assessment, treatment and rehabilitation services to patients on an outpatient basis. These programs enable elderly patients to receive treatment over an extended period while continuing to reside at home.

The Saskatoon Day Hospital is part of the Department of Geriatric Medicine established at University Hospital in 1978-79. The Department includes a Geriatric Assessment Unit which provides assessment, treatment and rehabilitation to elderly patients with complex physical and mental health problems.

The Division of Geriatric Medicine at the College of Medicine is headed by Dr. Duncan Robertson. This unit provides teaching, service and research in geriatric medicine in Saskatchewan, and has established a reputation for excellence both within the province and well beyond its borders.

In Regina, the Senior Citizens Neighbourhood Health Centre, operated by the North Central Community Society and funded by the Department, provides foot care, respite relief, preventive screening devices and other programs to elderly residents of the community.

A sheltered housing project, also in Regina, provides support services to the residents of a senior citizen housing complex. General assistance and support is provided by a resident counsellor and an alarm system which enables residents to call for help in an emergency.

### Director, Mental Health Services to the Elderly

The position of Consultant, Mental Health Services to the Elderly, was established in September 1976. With the reorganization of the Psychiatric Services Branch central office in 1981 and greater recognition of the importance of the psychiatry of old age, the title was changed to Director, Mental Health Services to the Elderly.

The Director's professional activities relating to the elderly may be summarized as public education, advisor to special interest groups, preparing articles for professional journals, reviewing legislation related to the elderly, consulting with family doctors and university teaching.

# Health Negotiations

## History

The Payment Negotiation Unit was established in 1975 to coordinate and consolidate negotiation and labour relations activity formerly undertaken by the Deputy Minister's office, the Saskatchewan Hospital Services Plan and the Department of Social Services. The Unit monitors provincial bargaining in the hospital and special care home fields. It negotiates directly with the various professional, technical and business groups involved in the provision of government funded health services.

## Collective Bargaining

The Payment Negotiation Unit acts as observer and consultant at bargaining tables involving the Saskatchewan Health-Care Association and the Saskatchewan Association of Special Care Homes on behalf of employers and the various unions representing employees in hospitals, special care homes and central laundries. Currently, this activity ranges over eighteen separate collective bargaining agreements.

In the first half of the year under review, agreement was reached on eleven contracts which had expired but remained unsettled as of March 31, 1982. In two cases, the process involved strikes, back to work legislation and arbitration.

With the exception of two agreements which were for two year terms, all agreements were for one year and, accordingly, fourteen were on the current year's bargaining calendar. All were subject to the Province's Guidelines for Public Sector Wage Increases. By year-end, revised agreements had been entered into or reached tentatively in four units.

## Professional Negotiations

The Payment Negotiation Unit provides the chief negotiator to represent the Government in negotiations with the various professional and business organizations with which the Government enters into contracts for the provision of health services. Other negotiating committee members are drawn from the program agencies involved. At the present time, some sixteen separate contracts are in place.

During the year under review, eleven agreements expired — ten were renegotiated for one year terms and one remained outstanding at year-end. Two agreements were part way through two year terms and three others continued without specific expiry dates.

## General

The central handling of professional negotiations and the involvement of observers in institutional bargaining has served to keep the Department aware of budget implications of impending settlements and has facilitated funding decisions in the health care field. The Payment Negotiation Unit serves as a liaison between the funding agencies and the various bargaining unit representatives. The Unit also acts as a resource to Department staff on labour relations matters which arise during the term of any contract.

# Provincial Laboratories

The Provincial Laboratories are a technical service arm of the Department of Health. They accept, for health-related tests, a wide variety of specimens from hospitals, physicians, government and municipal agencies, and concerned individuals. They also provide most of the laboratory tests required by Saskatchewan Environment. The information obtained from these tests assists in the prevention, diagnosis, and treatment of illnesses of individuals resident in any part of the Province. These tests supplement services provided locally.

The history of the Laboratories dates back to 1905 when the government of the new Province established a laboratory that would provide diagnostic assistance to physicians and technical advice to settlers. As this was the only laboratory in the Province, it had to provide a wide variety of tests. Samples were received and tests made to determine suitability of soils for agriculture, germination rates of seed grains, strength of formalin and bluestone preparations sold for the prevention of smut, and the alcohol content of wines and liquors in beverages wherever purchased. Ore samples were assayed for content of gold, silver, lead, copper, and/or iron. Lignite coals were tested for water and heat content. Clays were tested for the manufacture of brick. Water samples were checked for potability. Quality tests were made of milk and other retailed dairy products. Weather records were kept of Regina's maximum and minimum daily temperatures. In addition, human tissues removed in hospitals were examined for evidence of tumors or poison, and many medical specimens were examined to help diagnose or manage communicable diseases such as diphtheria, typhoid fever, scarlet fever and tuberculosis.

Though many specialty laboratories have developed over the years, the Provincial Laboratories continue to provide centrally those health or environment laboratory tests that cannot be provided economically or practically on a local basis.

## Table 8. Volume and Variety of Services Provided, Provincial Laboratories, Saskatchewan, 1981-82 and 1982-83

| | Specimens (thousands) | | Units of work* (thousands) | | Annual per cent change |
|---|---|---|---|---|---|
| **Services** | 1981-82 | 1982-83 | 1981-82 | 1982-83 | |
| **Total Services** | **651.6** | **645.8** | **16,190** | **16,538** | +2.1 |
| **Protective services:** | **105.9** | **107.1** | **3,351** | **3,373** | +0.66 |
| Water — Private wells and swimming pools | 12.4 | 14.5 | 287 | 330 | |
| — Municipal systems | 10.8 | 12.7 | 140 | 165 | |
| — Commercial Chemical | 2.8 | 2.8 | 358 | 351 | |
| — Environment Department | 3.3 | 2.8 | 614 | 525 | |
| Air samples and urea formaldehyde | 1.3 | 1.0 | 27 | 16 | |
| Dairy and food | 7.3 | 7.0 | 468 | 508 | |
| Screening tests: | | | | | |
| Neonatal — PKU | 17.2 | 17.9 | 128 | 130 | |
| — Hypothyroidism | 20.0 | 18.3 | 274 | 330 | |
| Premarital-prenatal-rubella | 27.1 | 27.5 | 812 | 826 | |
| Drugs | 2.3 | 1.2 | 68 | 32 | |
| Medicolegal | 1.4 | 1.4 | 175 | 161 | |
| **Diagnostic services:** | **545.7** | **538.7** | **12,839** | **13,165** | +2.5 |
| Microbiology | 263.6 | 264.3 | 5,592 | 6,064 | |
| Chemistry | 282.1 | 274.4 | 7,247 | 7,101 | (3,663**) |

* *Units of work for each service unchanged from previous years.*

** *New Units scores for clinical chemistry revised in 1982 to reflect increased automation.*

*Note: Due to rounding, columns may not add up to totals.*

Demands for laboratory services have steadily increased over the years. In 1958-59, when the present laboratory was occupied, 159,000 specimens were received and 2.15 million units of work were expended by 43 staff members. In 1982-83, the number of specimens received was 645,813 with 16.54 million units of work required of 90 staff.

A determined effort is made to deliver laboratory service that is reliable, convenient and prompt. Specimen containers, mailing outfits and requisitions are provided free of charge to physicians and hospitals. Users are urged to send specimens by first-class mail or by bus express. To minimize the interval between mailing of a specimen and receipt of a report, the Laboratories operate six days a week. Mail and bus express packets are collected twice daily. Many specimens are delivered directly to the Laboratories by local taxis or by daily couriers from Prince Albert, Saskatoon, Swift Current and Moose Jaw. All findings are reported by mail, but reports are telephoned when requested by the sender or when observed findings are grossly abnormal.

Table 8, page 12, indicates the volume and variety of services provided by the Provincial Laboratories. Protective services required delivery of 0.66 per cent more work units in 1982-83 than in the previous year while diagnostic services required an expenditure of 2.53 per cent more work units. These are much smaller increases than observed in previous years.

## Protective Tests

Protective tests are conducted on selected specimens to help prevent illness. Such tests may detect unsuspected threats to the health of individuals or to the environment, allowing corrective or defensive measures to be adopted before serious harm is done. The tests may signal inadequate protection against infectious disease agents for which vaccines are available, indicate faulty but compensable metabolic disorders or detect dangers to the community and/or the environment.

A variety of tests is required to confirm the suitability of surface or ground waters for drinking, cooking and bathing. In 1982-83, 12,656 water samples from municipal distribution systems, 13,416 water samples from private wells and 1,054 water samples from swimming pools were tested for inadequate protection of the water supply and/or inadequate chlorination. In addition, some 2,354 spot checks were made of fluoride ion content in waters from municipal distribution systems where fluoridation is practised.

Saskatchewan Environment requires a more comprehensive battery of tests for surface waters and industrial waste waters. Some 2,242 samples of water from reservoirs, lakes, streams, rivers, lagoon effluents and industrial wastes were tested for the Water Pollution Control Branch. The Air Pollution Control Branch submitted 220 washings from areas adjacent to potash mines to test the atmospheric fall-out of potash dust onto farms. A total of 764 samples of air washings from foam insulated homes was analyzed for content of formaldehyde to determine whether significant concentrations were being released by the insulation. Some 540 samples of selected fish from Saskatchewan lakes and rivers were submitted by Saskatchewan Environment and Saskatchewan Tourism and Renewable Resources for mercury analysis. The findings of such tests enabled identification of fishing areas where mercury levels in fish were likely to exceed 0.50 parts per million, a level considered unsafe for consumers.

Protective tests are made on retail dairy products. A total of 6,840 samples of dairy products was tested at the Provincial Laboratories in Regina while another 794 were examined for the Provincial Laboratories at the Dairy and Food Science Laboratory of the University of Saskatchewan in Saskatoon.

The Provincial Laboratories conduct four screening programs, three of these to protect the health of newborns or the unborn. The disorders of phenylketonuria (PKU) and hypothyroidism may cause irreversible brain damage if not identified and treated in the first weeks of life. The 17,911 samples tested for PKU indicated one infant was born with PKU in 1982-83. The 18,287 samples screened for hypothyroidism led to identification of six bona fide cases in need of treatment. Although the numbers of discovered cases of PKU or hypothyroidism are small screening is cost-effective because life-long support for undiagnosed and untreated cases is extremely expensive.

A third screening program is directed towards the prevention of congenital rubella. Rubella virus infection contracted early in pregnancy may cause very serious damage to the fetus. To identify the ten per cent of women of childbearing age who lack protective antibodies, 27,518 premarital and prenatal blood samples were tested. Blood donors found to lack such antibodies are urged by their physician to seek vaccination before they become pregnant. If already pregnant, they are advised to try to avoid contact with any rubella patient, or to contact their physician if suspected or definite contact has occurred.

A fourth screening program assists the treatment of drug addicts by identifying those patients on methadone treatment who continue taking illicit drugs. A total of 1,232 urine samples was tested in 1982-83 for this purpose.

Toxicological laboratory tests are performed to assist in criminal investigations. Specimens of blood, urine, stomach contents, tissues, powders and fluids are examined to help physicians, coroners and law enforcement agencies determine whether a drug or toxic chemical may have contributed to an accident, illness or death. Investigation of 544 fatal cases produced 1,300 specimens to be searched for toxic substances.

A 24-hour poison identification service is provided by the Laboratories to help physicians manage patients who accidentally or deliberately may have ingested a toxic substance or drug. Tests on such specimens included the examination of 4,310 blood samples, 788 urine samples, 1,145 gastric fluid samples and 56 medicaments in 1982-83. Findings are telephoned when requested within minutes or hours of receipt of specimen.

## Clinical Diagnostic Services

Modern medicine relies on laboratory tests to aid in the early diagnosis of illness and to permit swift treatment when required. Each year, advances in applied microbiology, biochemistry, genetics and pharmacology allow more diseases to be treated effectively. Patients expect swift diagnosis and relief of pain. This expectation, coupled with the trend to minimize hospital admission or length of stay, requires the rapid processing of such diagnostic tests.

A determined effort is made to complement whatever laboratory service may be available locally. This often means doing specimen tests for doctors' offices and small hospitals. There are also many infrequently required, difficult-to-maintain and expensive tests that are impractical for even large laboratories to undertake. Consequently, at times specimens are referred to a laboratory that offers a desired test. Any charges incurred for tests on specimens relayed to other laboratories are born by the Provincial Laboratories. In 1982-83, 3,887 specimens were referred to other laboratories at a cost of $14,200.

Table 9, page 15, compares the demands for diagnostic services in 1982-83 and the previous year. Overall, there was an increase of 2.5 per cent. The increase was entirely confined to tests to aid the diagnosis of infectious diseases. Because of the great impact of automation and increased use of headstart materials or convenience "kits", the work unit scores for many chemical tests were scaled downwards in 1982 by Statistics Canada. The tally for chemical procedures by the "new" units is shown in parenthesis in the table so that these "new" units may be used for comparison of workloads in future years.

In Table 10, page 16, a comparison of the isolation/identification rates of some important microbial pathogens for 1981-82 and 1982-83 is presented.

Table 11, page 17, compares the number of the more popular chemical diagnostic tests (such as hormones, enzymes, metabolites and therapeutic drugs) performed in 1982-83 and in the previous year.

## Services to Diagnostic Laboratories

In addition to providing, free of charge, needed tests in microbiology and chemistry that are beyond the capacity of hospital or clinic laboratories, the Provincial Laboratories also offer a variety of services to other laboratories for tests they do perform. Technical advice on the selection and/or interpretation of test procedures is offered upon request. Reference and check samples are mailed out each month to 123 hospital laboratories participating in a performance and standard evaluation program (PAS). Bacteriological media

## Table 9. Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan, 1981-82 and 1982-83

| Diagnostic service | Specimens (thousands) | | Work units in thousands | | Annual per cent change |
|---|---|---|---|---|---|
| | 1981-82 | 1982-83 | 1981-82 | 1982-83 | |
| **Total** | **545.7** | **538.7** | **12,839** | **13,164** | **+2.5** |
| **Microbiology** | **263.6** | **264.3** | **5,592** | **6,064** | **+8.4** |
| Syphilis | 71.9 | 64.6 | 594 | 513 | |
| Gonorrhoea | 14.6 | 11.4 | 114 | 102 | |
| Sore throats and ear | 25.3 | 26.2 | 182 | 187 | |
| Boils, wounds, tissue, blood and CSF | 39.6 | 42.3 | 1,220 | 1,306 | |
| Media preparation | — | — | 465 | 500 | |
| Urinary tract | 54.1 | 54.3 | 655 | 653 | |
| Gastroenteritis | 9.7 | 10.0 | 327 | 399 | |
| Tuberculosis | 2.6 | 2.5 | 147 | 142 | |
| Parasites | 6.5 | 6.5 | 259 | 257 | |
| Fungal infections | 1.6 | 2.1 | 175 | 231 | |
| Rheumatic fever and collagen disorder | 22.2 | 24.8 | 730 | 801 | |
| Virus infections — for isolation | 7.9 | 10.9 | 474 | 594 | |
| — for serology | 7.1 | 8.0 | 250 | 378 | |
| **Chemistry** | **282.1** | **274.4** | **7,247** | **7,100 (3,662)*** | **−2.0** |
| Radioimmunoassay (see Table 11) | 143.8 | 131.3 | 3,272 | 3,117 (1,803)* | |
| Enzymes-Metabolites (see Table 11) | 117.1 | 121.7 | 2,706 | 2,859 (959)* | |
| Urine hormones | 4.3 | 3.6 | 558 | 472 (380)* | |
| Drugs in blood, urine and gastric | 7.3 | 6.2 | 400 | 316 (309)* | |
| Trace metals in blood and urine | 4.7 | 5.2 | 178 | 169 (44)* | |
| Quality control — hospitals | 2.0 | 2.5 | 115 | 144 (144)* | |
| Referrals — other laboratories | 2.9 | 3.9 | 18 | 23 (23)* | |

*Note. Due to rounding, columns may not add up to totals.*

* *"New" units as described by Statistics Canada, 1982*

are supplied for the first year that a hospital undertakes, with a qualified technologist, to provide Level I bacteriology service. For hospitals without a local bacteriology laboratory, sterility check tests are offered. Finally, blood samples of hospital and medical staff with close patient contact are periodically examined for exposure to such agents as rubella, poliomyelitis, hepatitis or influenza.

## Research and Consultative Services

All research is directed towards investigating laboratory tests for infectious, metabolic and degenerative disorders. Considerable investigation and in-house testing is necessary to evaluate specificity, sensitivity and cost of newly described procedures. Continuous research ensures all procedures are as reliable, rapid, economical and useful as possible.

Many requests for technical information or advice are received from physicians, hospital staff, teachers, engineers, architects, consumer groups and concerned individuals. Every effort is made to answer these queries, or to refer questions to the appropriate agency or individual.

## Table 10. Microbial Pathogens — Case Isolations or Evidences, Provincial Laboratories, Saskatchewan, 1981-82 and 1982-83

| Microbial pathogen | 1981-82 | 1982-83 | Microbial pathogen | 1981-82 | 1982-83 |
|---|---|---|---|---|---|
| **Bacterial pathogens:** | | | **Virus isolations:** | | |
| T. pallidum serology | 311 | 247 | Adenoviruses | 148 | 103 |
| from premaritals | 11 | 9 | Coxsackie A | 7 | 4 |
| from prenatals | 12 | 11 | Coxsackie B | 33 | 2 |
| N. gonorrhoea | | | Echo (1, 2, 6. 9, 30) | 11 | 6 |
| "Positive" cultures | 978 | 937 | Herpes | 73 | 142 |
| "Positive" films | 1,380 | 1,049 | Influenza A | — | 18 |
| C. diphtheriae | 1 | 5 | Mumps | 4 | — |
| M. tuberculosis | 21 | 23 | Polioviruses (nonparalytic) | 23 | 24 |
| | | | Reovirus | 8 | 16 |
| S. typhimurium | 53 | 77 | Rotavirus | 304 | 448 |
| S. st. paul | 35 | 19 | Other or Unidentified | 58 | 230 |
| S. infantis | 29 | 43 | | | |
| S. litchfield | — | 16 | | | |
| S. heidelberg | 13 | 13 | **Virus serology:** | | |
| Other Salmonellae | 39 | 118 | | | |
| Sh. flexneri | 393 | 247 | Adenoviruses | 7 | 8 |
| Sh. sonnei | 179 | 66 | Hepatitis A | — | 3 |
| Ent. E. coli* | 119 | 12 | Hepatitis B | 116 | 132 |
| Camp. fetus ss | | | Influenza A | — | 10 |
| jejunii | | 92 | Influenza B | 3 | 9 |
| Y. enterocolitica | | 2 | Mumps | 8 | 6 |
| | | | M. pneumoniae | 10 | 45 |
| **Protozoan parasites:** | | | Rubella | 4 | 13 |
| | | | Infectious Mononucleosis | 3 | 3 |
| E. coli | | 165 | Herpes zoster | — | 1 |
| G. lamblia | 175 | 167 | Herpes simplex | — | 2 |
| E. histolytica | 31 | 6 | Other | 1 | 1 |
| E. nana | 54 | 37 | | | |
| | | | **Fungal infections:** | | |
| **Helminthic parasites:** | | | M. canis | 15 | 12 |
| | | | E. floccosum | 9 | 9 |
| A. lumbricoides | 33 | 9 | T. mentagrophytes | 104 | 76 |
| T. trichiura | 25 | 13 | T. verrucosum | 48 | 33 |
| D. latum | 3 | 10 | T. rubrum | 37 | 42 |
| C. mesnili | 9 | 8 | M. furfur | 36 | 53 |
| E. vermicularis | 5 | 7 | C. albicans | 50 | 92 |
| N. americanus | 13 | 7 | T. violaceum** | — | 1 |
| C. sinensis | 17 | 2 | C. immitis** | — | 1 |
| E. hartmanni | — | 1 | Other | 185 | 210 |

* *Includes Ent. E. coli 026, 0111, 0119, 0126, 0127, 0128.*

** *New Isolates.*

## Table 11. Radioimmunoassays, Enzymes-Metabolites, Provincial Laboratories, Saskatchewan, 1981-82 and 1982-83

| Name of test | Number of tests in thousands* | |
|---|---|---|
| | 1981-82 | 1982-83 |
| **Total radioimmunoassays** | **214.4** | **216.5** |
| B-12 and folate | 15.4 | 15.0 |
| Cortisol | 4.2 | 4.6 |
| Digoxin | 12.7 | 15.8 |
| Estradiol | — | 0.6 |
| Follicle stimulating hormone | 2.1 | 2.6 |
| Growth hormone | 0.3 | 0.3 |
| Luteinizing hormone | 1.6 | 2.1 |
| Neonatal T-4 | 17.6 | 18.3 |
| Neonatal TSH | 2.6 | 3.4 |
| Parathyroid hormone | 0.2 | 0.3 |
| Progesterone | 0.4 | 0.5 |
| Prolactin | 2.1 | 2.7 |
| Serum hepatitis | 4.4 | 4.4 |
| Testosterone | 0.8 | 1.3 |
| Thyroxine | 81.9 | 80.7 |
| Thyroid stimulating hormone | 11.8 | 8.3 |
| T-3 | 1.1 | 1.3 |
| T-3 uptake | 55.0 | 54.3 |
| **Total enzymes-metabolites** | **191.8** | **197.2** |
| SMAC — 17-20 test profile** | 116.5 | 117.3 |
| Acid phosphatase | 4.6 | 5.2 |
| Amylase | 3.8 | 4.0 |
| Cholesterol-triglyceride | 5.4 | 4.6 |
| HDL cholesterol | 1.7 | 2.0 |
| Creatinine (Urine) | 4.6 | 3.6 |
| Creatinine phosphokinase | 5.9 | 5.8 |
| Dilantin | 4.0 | 4.2 |
| Glucose | 5.7 | 6.2 |
| Glucose tolerance | 1.3 | 1.2 |
| Glycosated hemoglobin | 0.1 | 1.1 |
| Iron | 9.9 | 9.7 |
| Iron binding capacity | 9.9 | 9.6 |
| Phenobarbitol | 2.2 | 2.5 |
| Tegretol | 1.1 | 1.4 |
| Total protein and albumin globulin radio | 4.6 | 4.7 |
| Uric acid | 1.9 | 2.0 |
| Other | 8.6 | 17.3 |

* *Tests do not include standards. controls or repeats.*

** *Each profile is counted as a single test even though it contains results on 17-20 different constituents.*

# 2. Community Health Services

## Overview

The role of the Community Health Services Branch is to promote and protect the health and well-being of individuals and families in the community. To fulfill this role, the Branch provides and administers a large number of health programs to Saskatchewan residents through a network of health regions, depots and clinics throughout the Province. Services available to the health region population include communicable disease control, health education, maternal and child health, nutrition, sanitation, rehabilitation and follow-up.

The Branch provides financial assistance in the form of grants to various health care organizations whose services complement those of the Branch, including the health departments in Regina and Saskatoon.

The Northern Health Services and the cities of Regina and Saskatoon operate health programs for their residents. A summary of activities provided by each is presented later in this chapter.

## Objectives

The prime objective of the Branch is to raise and/or maintain the health status of Saskatchewan residents through protection and promotion activities. To meet this challenge the Branch works towards a number of primary goals which, broadly stated, are as follows:

1. To increase public awareness and understanding of the factors influencing health and to foster the adoption of lifestyles which promote optimum well-being. Activities include group education, individual counselling, distribution of educational materials, media programs and encouragement to groups and individuals to participate in healthful activities.

2. To maintain a healthy environment by identifying actual or potential environmental health hazards and applying effective control methods. Activities include water, food and community sanitation control and inspection of public facilities and accommodations.

3. To prevent, reduce or modify the course of various communicable and non-communicable diseases. Activities include active and passive immunization, epidemiological investigation, surveillance and counselling.

4. To identify individuals who have, or are at risk of developing, specific health or developmental problems in order to initiate early intervention and remediation. Activities include health appraisal, screening and diagnostic testing, therapy, appropriate referral, periodic re-evaluation, case conferences, teaching and counselling.

5. To assist in the maintenance of, and restoration to, a maximum level of independent functioning for the physically handicapped and the chronically disabled. Activities include assessment, providing equipment and appliances, follow-up, periodic re-evaluation and counselling.

6. To monitor health related regulations to ensure maximum health protection and services to residents. Activities include inspection and registration of road ambulance services, general administration of the air ambulance program and coordination of services in times of emergency or natural disaster.

# Historical Development of Services

1905 — Sanitary officers were employed by the Department of Agriculture.

1917 — The first permanent public health nurse was employed by the Bureau of Public Health, Department of Agriculture.

1923 — The Department of Public Health was established and sanitary officers and public health nurses were transferred from the Department of Agriculture.

— A Communicable Disease Control Division was established.

1928 — The School Hygiene Program was transferred from the Department of Education.

— The Public Health Nursing Division was established.

1941 — The first outpost hospital was established at Cumberland House.

1944 — The Nutrition and Child Health Divisions were established.

1945 — The first health regions were created in the Swift Current and Weyburn-Estevan areas.

1948 — A Regional Health Services Branch, including nursing and education, was established to coordinate administration of health region services.

1950 — Three additional outpost hospitals were in operation at Buffalo Narrows, Stony Rapids and Sandy Bay.

1954 — The Regional Health Services Branch was expanded to include the divisions of Nutrition, Child Health, Dental Health, Communicable Disease Control, Venereal Disease Control and Northern Health Services.

1961 — By this date the entire Province was organized into health regions.

1963 — Responsibility for road ambulance inspection services became part of Regional Health Services Branch.

1973 — The Saskatchewan Hearing Aid Plan (S.H.A.P.) was established.

1974 — The Dental Health Division became a separate branch known as the Saskatchewan Dental Plan.

1975 — The Saskatchewan Aids to Independent Living Plan (S.A.I.L.) was established.

1978 — The Regional Health Services Branch became known as the Community Health Services Branch.

1979 — A Health Protection Division was established.

— The Health Promotion Branch became a Division of Community Health Services Branch.

— S.A.I.L. sub-depots were established at La Ronge and Uranium City.

1981 — Administrative responsibility for the Air Ambulance program was transferred from the Department's Administrative Services Branch to Community Health Services.

1982 — Medical Services Branch became a division of Community Health Services Branch.

## Highlights, 1982-83

- An adolescent pilot project, entitled "Health Is It", was initiated in the Melfort-Tisdale Health Region. This project involved training public health staff, organizing a youth conference and ongoing peer health counselling by student health representatives.

- The Saskatchewan Child Safety Committee was appointed with representation from the public, safety organizations, the health professions and government. The Committee will identify areas of concern in child safety, assist agencies concerned with accident prevention and advise the Minister of Health on child safety.

- The Supplementary Health Program, administered by Medical Services Division, experienced a 22% increase in beneficiaries over the previous year.

- The results of the initiative against measles were very successful. Following a major vaccination effort in the fall of 1982, the first four months of 1983 produced only one reported case of red measles and 22 cases of rubella, in the midst of widespread outbreaks elsewhere.

- The number of Speech-Language pathology positions was doubled from 10 to 20, including a new consultant position. A comprehensive program review was initiated.

## Organization

For purposes of administration and delivery of community-based health programs, the Province is divided geographically into ten health regions which cover all areas except the cities of Regina and Saskatoon and the area administered by the Northern Health Services Branch.

Each health region is comprised of a number of health districts which are organized into District Health Councils consisting of an elected representative from each city, town, village and rural municipality. In turn, one or more delegates from the District Health Councils are elected to the Regional Board of Health. The Board has a number of statutory duties which include reviewing the health region budget, reviewing annual activity reports of the medical health officer, informing local authorities of policies and services of the region and serving as an advisory body to the medical health officer and Minister of Health.

On the advice of the medical health officer and Regional Board of Health, community health programs are developed in accordance with departmental policies modified to meet the needs of the population served. Administration of health programs in each region is the responsibility of the medical health officer and/or health region administrator, who generally supervise the activities of public health nurses, public health inspectors, early childhood psychologists, speech and language pathologists and nutritionists.

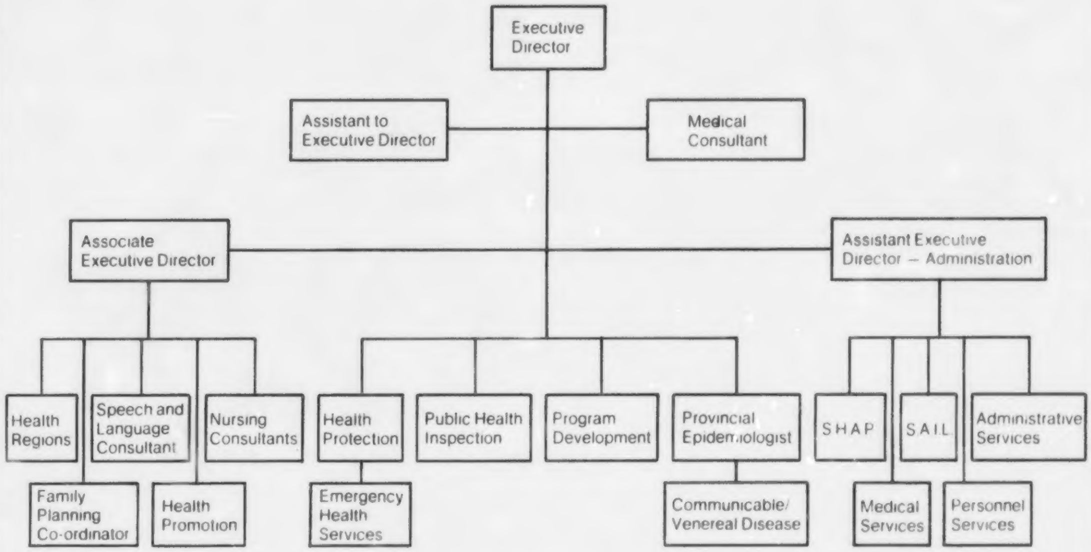
Because of the large geographical areas to be covered, a number of district offices staffed by public health nurses and public health inspectors have been established throughout each region to make services available at the local level.

Saskatchewan Hearing Aid Plan (S.H.A.P.) services are provided by audiologists and audiological technicians to all Saskatchewan residents through two main clinics in Regina and Saskatoon, supplemented by regularly scheduled community-based clinics in each health region and in northern Saskatchewan.

Similarly, services of the Saskatchewan Aids to Independent Living (S.A.I.L.) Plan are provided through two primary depots in Regina and Saskatoon with sub-depots established in each health region, La Ronge and Uranium City.

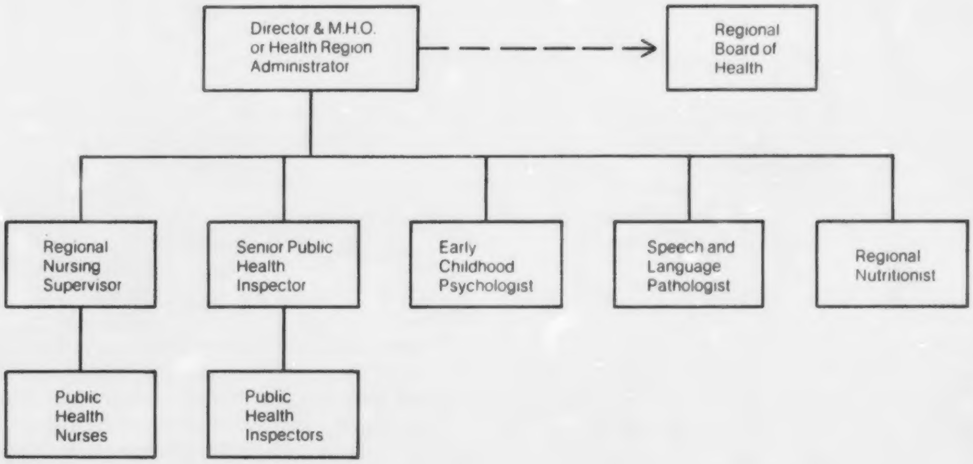
The central coordinating office for the Branch is located in Regina. This office is responsible for the overall operation, administration and coordination of community-based services and activities. It also provides central consultative and support services to the regions.

Figure 2. Organization of Community Health Services Branch


Executive Director
Assistant to Executive Director
Medical Consultant
Associate Executive Director
Assistant Executive Director — Administration
Health Regions
Speech and Language Consultant
Nursing Consultants
Family Planning Co-ordinator
Health Promotion
Health Protection
Emergency Health Services
Public Health Inspection
Program Development
Provincial Epidemiologist
Communicable/ Venereal Disease
S.H.A.P.
S.A.I.L.
Administrative Services
Medical Services
Personnel Services

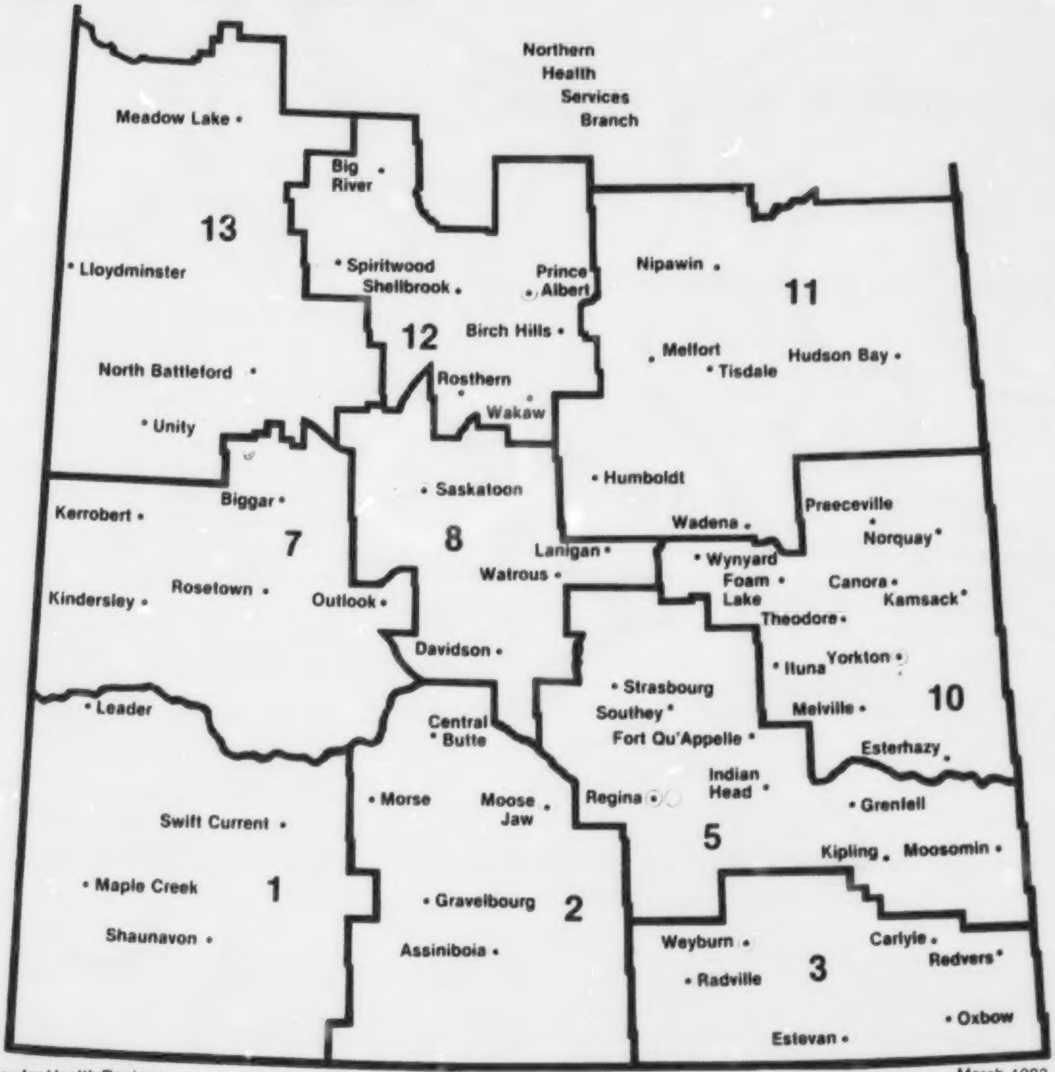
March 31, 1983

Figure 3. Organization of a Health Region


Director & M.H.O. or Health Region Administrator
Regional Board of Health
Regional Nursing Supervisor
Senior Public Health Inspector
Early Childhood Psychologist
Speech and Language Pathologist
Regional Nutritionist
Public Health Nurses
Public Health Inspectors

March 31, 1983

Figure 4. Health Regions



March, 1983

Key for Health Regions:

No. 1 Swift Current (48,484)
No. 2 Moose Jaw-Assiniboia-Gravelbourg (69,060)
No. 3 Weyburn-Estevan (50,602)
No. 5 Regina Rural (73,291)
No. 7 Rosetown-Biggar-Kindersley (40,907)
No. 8 Saskatoon Rural (47,573)
No. 10 Yorkton-Melville (83,332)
No. 11 Melfort-Tisdale (73,991)
No. 12 Prince Albert (78,375)
No. 13 North Battleford (80,110)
Regina City (165,951)
Saskatoon City (159,581)

Note: Population served is given in parentheses — SHSP Covered Population at June 30, 1982 excluding Registered Indians and Northern Saskatchewan.

● Regional Office
● District Office
City Health Office

# Activities and Services

## Community Based Services

Community based services are provided at the local level through health regions.

### Public Health Nursing Services

Public health nurses provide family-centred community based preventive health services. Public health nursing services are designed to respond to the health needs of individuals throughout their life span.

Direct service delivery is provided by 143 Public Health Nurse I's and 19 Public Health Nurse II's located in 59 offices throughout 10 health regions. One Regional Nursing Supervisor in each Health Region manages the programs provided by her staff. The Director and three Public Health Nurse Consultants, located in central office (Regina), work closely with Regional Nursing Supervisors in taking prime responsibility for provincial program planning and evaluations, as well as other administrative and consultative duties.

Priority services continue to be immunization and other communicable disease control procedures, as well as prenatal and child health services. Prenatal health services include teaching and counselling in homes and prenatal class settings. Postnatal home visits, Child Health Conferences and School Health Services include health appraisals, screening programs, teaching, counselling, referral and liaison services.

Adults of all ages receive health teaching and counselling upon request, as a result of referral or because of participation in programs to which public health nurses provide referral services, such as Saskatchewan Aids to Independent Living or the Saskatchewan Hearing Aid Plan.

In the past year, the Nursing Division proposed changes in the organization and function of public health nursing. Implementation has begun in four major interdependent areas:

**Table 12. Immunizations by Public Health Nurses, Saskatchewan Health Regions, 1981-82 and 1982-83**

| Vaccine | Total | | Infants | | Preschool | | School children | | Adults | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 |
| **Total** | **135,718** | **132,948** | **46,832** | **50,221** | **50,514** | **51,883** | **36,469** | **29,224** | **1,903** | **1,620** |
| D.P.T.* | 44,988 | 44,945 | 27,183 | 26,634 | 17,805 | 18,311 | – | – | – | – |
| D.T.† | 14,939 | 14,511 | 298 | 264 | 1,937 | 2,234 | 12,583 | 11,972 | 121 | 41 |
| Oral Polio | 51,323 | 55,980 | 18,351 | 23,323 | 19,434 | 20,262 | 13,292 | 12,174 | 246 | 221 |
| M.M.R.** | 15,374 | 12,293 | – | – | 10,617 | 10,789 | 4,757 | 1,504 | – | – |
| Mumps | 1,233 | 574 | – | – | 671 | 255 | 526 | 260 | 36 | 59 |
| Measles (Rubeola) | 1,620 | 114 | – | – | 50 | 32 | 1,570 | 81 | – | 1 |
| Rubella | 3,745 | 3,255 | – | – | – | – | 3,741 | 3,233 | 4 | 22 |
| Others | 1,496 | 1,276 | – | – | – | – | – | – | 1,496 | 1,276 |

* *Diphtheria, Pertussis, Tetanus.*

† *Diphtheria, Tetanus.*

** *Measles, Mumps, Rubella.*

## Table 13. Selected Public Health Nursing Statistics, Saskatchewan Health Regions, 1981-82 and 1982-83

| | Total | | Infants | | Preschool | | School children | | Adults (under 65) | | Adults (65 and over) | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 |
| Child Health Conference | | | (12,061) | (13,684) | (25,964) | (27,319) | | | | | | | | |
| Attendance | 78,446 | 77,657 | 35,542 | 33,839 | 42,904 | 43,818 | — | — | — | — | — | — | — | — |
| Immunizations | 135,718 | 132,948 | 46,832 | 50,221 | 50,514 | 51,883 | 36,469 | 29,224 | 1,903 | 1,620 | — | — | — | — |
| Screening | | | | | | | | | | | | | | |
| — D.D.S.T.* | 49,889 | 51,598 | 22,046 | 22,259 | 27,843 | 29,339 | — | — | — | — | — | — | — | — |
| — Auditory | 20,302 | 15,515 | — | — | 7,345 | 7,474 | 12,432 | 7,613 | — | — | 525 | 428 | — | — |
| — Scoliosis | 9,683 | 6,517 | — | — | — | — | 9,683 | 6,517 | — | — | — | — | — | — |
| Health Appraisal | 66,728 | 59,916 | 13,601 | 14,278 | 9,232 | 9,673 | 43,895 | 35,965 | — | — | — | — | — | — |
| Discussion with parents of students | 11,434 | 10,582 | — | — | — | — | 11,434 | 10,582 | — | — | — | — | — | — |
| Home Visits Interviews** | | | | | | | | | | | | | | |
| — Prenatal | 6,230 | 5,967 | — | — | — | — | — | — | (2,613)<br>6,230 | (3,022)<br>5,967 | — | — | — | |
| — Postnatal | 13,598 | 13,478 | — | — | — | — | — | — | (9,000)<br>13,598 | (8,332)<br>13,478 | — | — | — | — |
| — Special† | 15,199 | 8,529 | — | — | — | — | — | — | — | — | — | — | 15,199 | 8,529 |
| — Communicable Disease | 1,630 | 1,699 | — | — | — | — | — | — | — | — | — | — | 1,630 | 1,699 |
| — Other | 46,592 | 43,389 | 12,709 | 12,750 | 8,759 | 8,128 | — | — | 10,601 | 9,689 | 14,523 | 12,822 | — | — |
| Referrals | 9,346 | 9,878 | — | — | — | — | — | — | — | — | — | — | 9,346 | 9,878 |
| Group Education Meetings | 832 | 717 | — | — | — | — | — | — | — | — | — | — | 832 | 717 |
| Prenatal Classes | | | | | | | | | | | | | | |
| — Women Enrolled | 3,350 | 3,487 | — | — | — | — | — | — | 3,350 | 3,487 | — | — | — | — |
| Attendance | 13,243 | 13,028 | — | — | — | — | — | — | 13,243 | 13,028 | — | — | — | — |
| — Men Enrolled | 2,585 | 2,780 | — | — | — | — | — | — | 2,585 | 2,780 | — | — | — | — |
| Attendance | 9,706 | 9,794 | — | — | — | — | — | — | 9,706 | 9,794 | — | — | — | — |

* *Denver Developmental Screening Test*

** *Figures in parentheses are first contacts and are included in total.*

† *Includes visits re: S.A.I.L., home care, mentally ill and physically handicapped*

i) revision of the Public Health Nursing Manual;

ii) program evaluation (beginning with scoliosis screening);

iii) development of a Public Health Nursing Information System;

iv) review of all public health nursing position classifications.

The Moose Jaw School Health Project continues in seven schools within Health Region No. 2. Data collected throughout this pilot project will contribute to decisions about school health services in our province.

In addition to health education programs commenced last year, several new initiatives include: Heart Fair for students in Grades K to 8; Weight Management Program for teens; Smoking Cessation Program for teens; Anti-Smoking Campaign for students in Grades K to 8; Breast Self Examination Program for girls in Grades 10 to 12 and their mothers; Parent-Nurse Interviews; Stress Management for students in Grades 7 to 12; and a major nutrition project.

During 1982-83 the Nursing Division began development of a Continuing Education Program for Public Health Nurses in Practice to be co-sponsored by the College of Nursing and Community Health Services Branch.

## Public Health Inspection Services

The objective of public health inspection services is to safeguard public health and safety endangered by physical, chemical and biological hazards. Services include educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act relating to:

Apartment blocks
Bakeshops
Barber and beauty culture establishments
Fumigation and hydrocyanic acid
Hotels and motels
Milk and certain milk products
Mobile homes
Plumbing and drainage

- Public eating establishments
- Sanitation
- Sawmill, lumber and mining camps
- Shoreland pollution
- Swimming pools
- Tourist accommodation
- Waste management

Inspections are carried out for a wide variety of conditions in institutions, retail stores, solid waste disposal facilities, recreation areas, etc. Inspection and consultative services are also provided to other agencies. These agencies include municipal water and sewage works, schools, hospitals, intensive livestock operations, day care centres, nursing homes and approved homes. Microwave ovens in commercial establishments are also checked on a routine basis for the Occupational Health and Safety Division, Saskatchewan Labour.

## Table 14. Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions, 1981-82 and 1982-83

| | Number of facilities | | Number of field visits | | Number of formal inspections | |
|---|---|---|---|---|---|---|
| Type of activity | 1981-82 | 1982-83 | 1981-82 | 1982-83 | 1981-82 | 1982-83 |
| Eating establishments | 2,177 | 2,281 | 5,883 | 7,531 | 2,550 | 2,863 |
| Food distribution | 1,275 | 1,250 | 661 | 1,383 | 567 | 662 |
| Food processing | 204 | 218 | 312 | 470 | 166 | 147 |
| Liquor outlets | 562 | 575 | 956 | 1,125 | 450 | 516 |
| Communal water system | 472 | 497 | 1,558 | 2,160 | 290 | 468 |
| Private water supply | — | — | 521 | 592 | 007 | — |
| Public water supply | 327 | 340 | 1,308 | 1,968 | 179 | 262 |
| Communal sewerage systems | 481 | 481 | 462 | 399 | 281 | 501 |
| Private sewerage systems | — | — | 1,439 | 2,170 | 010 | — |
| Public sewerage systems | 24 | 28 | | 595 | | 18 |
| Solid waste disposal | 746 | 769 | 1,915 | 1,943 | 557 | 801 |
| Liquid waste transport | 56 | 59 | 155 | 212 | 012 | 15 |
| Hospitals | 134 | 129 | 105 | 107 | 092 | 77 |
| Schools | 746 | 760 | 140 | 239 | 232 | 209 |
| Institutions | 411 | 357 | 180 | 202 | 217 | 239 |
| Housing | — | — | 1,457 | 1,518 | .004 | — |
| Mobile home parks | 90 | 98 | 173 | 93 | 083 | 93 |
| Trailer courts | 62 | 61 | 139 | 369 | 039 | 47 |
| Hotels | 461 | 461 | 496 | 689 | 496 | 467 |
| Motels | 221 | 222 | 184 | 171 | 204 | 220 |
| Industrial facilities | 12 | 12 | 155 | 134 | 006 | 6 |
| Swimming pools | 197 | 210 | 1,167 | 1,800 | 162 | 269 |
| Agricultural facilities | — | — | 371 | 537 | 000 | — |
| Personal service facilities | 517 | 536 | 381 | 344 | 246 | 283 |
| Recreational facilities | 812 | 834 | 1,494 | 2,591 | 378 | 504 |
| Public facilities | 237 | 221 | 585 | 533 | 057 | 71 |
| Plumbing | — | — | 7,257 | 7,708 | — | — |
| Investigations | — | — | 1,259 | 2,260 | — | — |
| Total | 10,224 | 10,399 | 30,713 | 39,843 | 7,285 | 8,738 |

Inspections relating to food are directed at food manufacturing operations, storage facilities, transportation systems and retailing operations. In 1982-83 there were 2,281 public eating establishments located within the ten health regions for which 10,394 inspections and field visits were completed.

To reduce the risk of water or sewage-borne disease, public health inspectors monitor all municipal water and sewage treatment facilities. All private sewage systems, especially those located in environmentally sensitive locations, such as shoreline areas, are inspected during construction and upon request.

Public health inspectors enforce regulated standards for site planning of offensive trades and provide assistance to Saskatchewan Environment in monitoring various emissions and in performing field inspections. Similarly, consultation is provided on refuse disposal practices and monitoring is undertaken to ensure compliance.

To ensure that public facilities are free from physical, chemical or biological hazards, regular and continuous monitoring of public accommodations, residential facilities and personal service establishments is undertaken. Such monitoring ensures compliance with minimum standards of ventilation, sanitary facilities, water supplies, waste disposal, and insect, rodent and vermin control.

Table 14, page 26, provides statistical indices for 1981-82 and 1982-83.

During 1982-83, two major training courses were conducted in Saskatchewan by public health inspectors. The Saskatchewan National Sanitation Training Program for food service operators was taught throughout the Province. Since the start of the program in 1974, approximately 4,300 food service workers have successfully completed this course.

A course for Swimming Pool Operators, which covers various aspects of water treatment and pool management, was administered jointly by Saskatchewan Health and Saskatchewan Culture and Youth. Pool operators received certification upon successful completion of this course. Since 1975, more than 700 certificates have been issued with 224 successful candidates in 1982-83.

In addition, brochures, pamphlets and news articles dealing with food, water pollution, shoreland pollution control and offensive trade practices are routinely produced and distributed for public information.

## Nutrition Services

Regional nutritionists provide educational and consultant services to community groups, individuals and health professionals with the objective of promoting the adoption of sound nutrition practices.

During the 1982-83 fiscal year, the regional nutritionists were involved in:

— Prenatal and infant nutrition: Regional nutritionists continued to promote the importance of prenatal nutrition, breastfeeding and sound infant feeding practice for optimum health of mother and child.

"Baby's Best Start" demonstration project continued in North Battleford. The project provides prenatal nutrition counselling to pregnant women who are at risk of delivering an infant weighing less than 3000 grams.

— Nutrition for preschoolers: Based on a previous survey conducted in the Regina Rural Region, a resource for parents of preschoolers was drafted. The regional nutritionists contacted day care workers regarding their needs for nutrition education resources.

— Nutrition programs in schools: Nutrition education workshops were conducted for Division I and II teachers. Nutritious foods offered in schools were emphasized during Nutrition Month, 1983. "An Evaluation of Saskatchewan Health Division II Nutrition Teaching Guides" was completed in the Weyburn-Estevan Region. Computers are playing an increasing role in nutrition education in Saskatchewan.

— Nutrition programs for adults: In response to a need expressed by weight control groups for reliable nutrition information, the nutritionists have developed a resource guide. The guide includes reliable nutrition and weight reduction information.

— Nutrition for seniors: A new series of "The Senior Chef" has been borrowed from British Columbia. The series was televised in the Yorkton area.

— Media Programs: Regional nutritionists were actively involved in providing nutrition education through the increased use of radio, television and newspaper.

— Community Programs: Nutritionists continued to provide assistance to community groups. They participate with community groups as panelists, seminar organizers and as guest speakers.

A summary of services provided by nutritionists is presented in Table 15, page 28.

## Table 15. Nutrition Services, Saskatchewan Health Regions, 1981-82 and 1982-83

| Activity | 1981-82 |  | 1982-83 |  |
|---|---|---|---|---|
|  | Services | Attendance | Services | Attendance |
| I. Nutrition education: |  |  |  |  |
| A. Group discussions, lectures, workshops: |  |  |  |  |
| Special groups (weight control, diabetes, prenatal, other) | 169 | 2,661 | 153 | 2,955 |
| Student groups | 40 | 1,208 | 175 | 3,514 |
| Parents and community groups | 57 | 1,252 | 39 | 862 |
| Interagency and interdisciplinary groups | 46 | 723 | 71 | 2,675 |
| B. Inservice training | 66 | 493 | 66 | 524 |
| C. Mass media, special materials productions: |  |  |  |  |
| Radio and television | 200 | * | 137 | * |
| Newspaper | 240 | * | 277 | * |
| Other | 59 | * | 53 | * |
| II. Individual counselling: |  |  |  |  |
| A. First contacts | 188 |  | 461 |  |
| B. Follow-up visits | 215 |  | 98 |  |
| C. Consultations re: clients | 346 |  | 278 |  |
| III. Consultative services provided to Community Health Services staff, other health professionals, educational institutions and general public: |  |  |  |  |
| Information, materials and advice | 4,112 |  | 5,423 |  |
| Meetings, conferences, workshops, liaisons | 626 |  | 803 |  |
| Other services | 34 |  | 63 |  |

* *Statistics are not available for media audiences.*

## Early Childhood Psychology Services

The objective of the Early Childhood Psychology program is the prevention or amelioration of developmental and learning disabilities in the preschool population. These disabilities include cognitive, self-help, social-emotional, fine-motor, gross-motor, language, information processing and attention span problems.

The emphasis of the program is on the provision of services to infants and preschoolers and their parents with primary focus on intervention at the earliest possible age.

The core of the Early Childhood Psychology program is casework. Developmental assessment, short-term guidance, counselling and therapy is provided in coordination with the health region early childhood team. Together with specialized clinics (e.g. University Hospital in Saskatoon), support is given to parents with high-risk and developmentally delayed children.

Consultation is provided to parents, other professionals, agencies and community groups. Primary prevention efforts include media work and small discussion groups to provide information about early childhood development. The early childhood psychologist promotes the establishment of community resources for exceptional preschoolers and their parents. There has been active involvement with parents in setting up and participating in early childhood intervention programs throughout the Province.

Community Health Services Branch has six early childhood psychology positions. During the 1982-83 year, 931 children received service. Five hundred ninety-nine were seen in person for assessment, counselling or therapy. Of this number, 274 were seen for the first time.

## Speech and Language Pathology Services

The major objective of the Community Health Speech-Language Pathology program is to identify and respond to communication disorders as early as possible. This takes the form of public education, diagnostic services, therapeutic services, counselling and consultative services. Speech-language pathologists offer services to people experiencing a delay or disruption in their ability to communicate orally, either in terms of articulation, language, fluency or vocal quality. The delay or disorder may or may not be organically-based and can occur in isolation or in conjunction with other disabilities.

Most services are delivered in the health region and district health offices. Although preschool children are the priority, some service is also provided to school-aged children and adults. At year end, preschool children comprised 65 per cent of the caseload, school-aged children 28 per cent and adults 7 per cent.

During 1982-83, speech-language pathologists participated in prenatal and parenting classes, Early Childhood Intervention programs and such innovative projects as the "Health Alive" program. A major program review was initiated during the year. One consultant and nine additional speech-language pathology positions were approved in 1982.

## Saskatchewan Hearing Aid Plan

The Saskatchewan Hearing Aid Plan (S.H.A.P.) was established in 1973 to provide comprehensive audiological evaluation, rehabilitation and technical support services at no cost to Saskatchewan residents. Hearing aids and accessories, if required, are sold at cost price. In 1982-83, the cost of a hearing aid averaged $150.

Services are provided at two main clinics in Regina and Saskatoon, as well as at regularly scheduled clinics throughout the health regions. Audiological evaluations are performed by trained audiologists. The hearing of people in all age groups are tested, starting with children as young as three months. Trained audiometric technicians assist the audiologists with the fitting of hearing aids and counselling of patients in their proper use. Follow-up services consist of periodic monitoring, counselling or minor adjusting of hearing aids.

Repair services are provided for all hearing aids purchased from the Plan or elsewhere. Minor repairs are provided free of charge while major repairs are provided at reasonable cost. Loaner hearing aids, when required, are provided free of charge.

S.H.A.P. continues to provide FM hearing aids (auditory trainers) to hearing impaired preschool children throughout the province. A committee of qualified professionals determines which children will benefit from this specialized equipment.

The following statistics represent major Plan activities during 1981-82 and 1982-83.

### Table 16. Saskatchewan Hearing Aid Plan Services, 1981-82 and 1982-83

| Service | 1981-82 | 1982-83 |
|---|---|---|
| **Total** | **26,009** | **26,218** |
| Audiological evaluations | 7,524 | 7,798 |
| Hearing aid evaluations | 2,773 | 3,231 |
| Hearing aid checks | 1,444 | 1,479 |
| Hearing aid repairs | 14,268 | 13,710 |

## Saskatchewan Aids to Independent Living Plan

The Saskatchewan Aids to Independent Living (S.A.I.L.) Plan was introduced in 1975 to aid handicapped and disabled persons to live as independently as possible within their own homes and communities.

All Saskatchewan residents who possess a valid health services card at time of referral to the plan, and who are referred by an authorized health professional, are eligible for services from S.A.I.L.

Program administration, repair services and long term equipment loans are handled through two primary depots in Regina and Saskatoon. In addition, a network of equipment sub-depots located in La Ronge, Uranium City and one in each of the health regions, provide short term equipment loan services to their respective geographical areas.

The S.A.I.L. Plan:

— provides, on a free loan basis for as long as required, an assortment of mobility (manual and power wheelchairs), ambulatory (assorted specialized walkers and crutches), environmental (bath and bedroom aids) and respiratory (oxygen regulators and compressors) equipment.

— underwrites the costs of the manufacture and maintenance of prosthetic (artifical limbs) and orthotic (braces and supports) appliances manufactured in approved workshops located at the Wascana Hospital in Regina and Saskatchewan Council for Crippled Children and Adults in Saskatoon.

— provides, without cost to the individual, preventive maintenance and repair services at the primary depots and through mobile repair clinics for both S.A.I.L. and privately owned equipment.

— ensures that follow-up and/or home care service is provided to the individual through on-going liaison with health professionals.

In addition to the universally available services described above, individuals who are handicapped or disabled due to specific diseases, may be eligible to register with the Special Benefits Programs administered by the S.A.I.L. Plan thereby entitling them to extended benefits which include:

— cost coverage of disease related drugs and prescription fees which are not included in the formulary of the Saskatchewan Prescription Drug Plan.

— cost coverage of disease related medications and supplies.

— specialized rehabilitation equipment not included in the universal program.

Two standing committees advise the Minister of Health on program policies and delivery of services, and provide technical support to the program.

— S.A.I.L. Advisory Committee: This Committee meets six times each year. Representation includes medical professionals (doctors and public health nurses), allied health professionals (occupational and physical therapists), a handicapped consumer and administrative personnel from S.A.I.L.

— Equipment Sub-Committee: This is a subcommittee of the S.A.I.L. Advisory Committee. It meets as required for the purposes of reviewing new technology and equipment for possible inclusion on the S.A.I.L. benefits list.

### Highlights 1982-83

— On August 1, 1982, administration of the telewriter component of the Special Needs Telephone Program was transferred from Sask Tel to S.A.I.L. Coincidental with this transfer a conversion of the out-dated Micon telewriters to Superphone telewriters was commenced and the scope of the program was expanded to provide for the issuance of a telewriter to a designated principle contact.

Conversion of the approximately 240 Micon telewriters will be at a rate of 100 units in each of the 1982-83 and 1983-84 fiscal years with the remaining 40 units being converted in 1984-85.

### Table 17. Saskatchewan Aids to Independent Living Plan Services, 1981-82 and 1982-83

| Equipment group | Equipment issues | |
|---|---|---|
| | 1981-82 | 1982-83 |
| **Total** | **20,450** | **23,489** |
| Wheelchairs | 2,077 | 2,440 |
| Other mobility aids | 4,432 | 4,635 |
| Environmental aids | 12,339 | 14,111 |
| Respiratory equipment | 1,602 | 2,179 |
| Other equipment | 2 | 124 |

## Central Support Services

Central organizational units provide services to support direct community based programs.

### Health Promotion Division

The Health Promotion Division maintains liaison with all branches of Saskatchewan Health, other government departments and agencies, health organizations, safety councils and the education system as well as with community and professional organizations and the general public. The division provides central coordination services in the areas of nutrition, health education and lifestyle education.

### Health Education

The objective of health education is to encourage the adoption and maintenance of healthy lifestyle behaviours and the appropriate use of available provincial health services. The health educators research health issues for the preparation of pamphlets, articles, discussions and seminars; develop program implementation strategies; represent Saskatchewan Health on voluntary committees; and provide health information to professionals, school personnel, community groups, health region staff, media personnel and the general public. The health educators also act as consultants to other department branches in such areas as employee and public seminar planning and the development of publications and annual reviews.

Health educators produce the "Let's Talk Health" columns for Saskatchewan weekly newspapers. The columns are further edited for the Pathfinder telidon pilot project. These columns cover a wide variety of health issues of interest to the public.

During National Non-Smoking Week health educators co-ordinated the distribution of information to all government departments, prepared displays and prepared and delivered media presentations.

In 1982, the health educators organized a regional youth conference to introduce the "Health Is It" pilot project. Forty-four students from 19 of the 35 high schools in the Melfort-Tisdale Health Region attended the conference. The pilot project introduced the concept of student health representatives on student representative councils. A report on the conference is available from Health Promotion.

Five health related quizzes were developed for use with the computer and were the focus of a display entitled "Health — Your Greatest Resource" at the Regina Buffalo Days exhibition. As well, the quizzes were used at the Safe Grad Conference in November and at many other displays throughout the year. Copies of the quizzes may be obtained from Health Promotion.

## Nutrition

The provincial nutritionist and assistant nutritionist provide consultant and education services to departmental, interdepartmental and interagency staff, health professionals, health region staff, community groups and individuals.

During 1982-83, several nutrition programs and surveys were developed. Included in many of these publications are the metric conversion of calories to kilojoules.

In June, a survey of Saskatchewan hospitals was conducted to obtain information on current hospital policy on breastfeeding, breastfeeding education programs for staff and patients, "rooming-in" privileges for breastfeeding mothers and to determine hospital policy regarding distribution of infant formula gift packages.

Analysis was completed of the 1981 province-wide survey of 1342 mothers. This survey determined infant feeding practices during the first twelve months of life. A summary of the survey was sent to mothers who took part.

There was an increased focus on preschool nutrition. A needs assessment involving day care workers was conducted across the Province. Results indicated that workers would like more information on preschool nutrition in the form of a workshop emphasising menu planning, nutrition education activities and recipes.

A publication on the topic of nutritious foods being offered in schools was developed. In addition, three videotapes on this subject were purchased from British Columbia.

Information on prenatal and infant nutrition, snacking and food budgeting was compiled for use on Pathfinder, a telidon pilot project sponsored by Sask Tel.

Services provided on a regular basis included: participation as panelists, seminar organizers and guest speakers on a variety of nutrition topics; involvement with media including radio, television and newspaper; and revision of nutrition publications to provide up-to-date nutrition information for health professionals and the general public.

## Lifestyles Program

The Lifestyles program uses the mass media, supported by written material, through its "Feelin' Good" and "Aware" programs, to encourage the adoption of positive lifestyle behaviour.

The program has provided the general public with educational material related to nutrition, physical activity, dental health, mental health, alcohol abuse, accident prevention and non-smoking.

During 1982-83, the major thrusts of the Lifestyles program were alcohol use and abuse with a special focus on drinking and driving during the Christmas season.

As well, the Lifestyles program continued to be active on the "Safe Graduation Committee", which is an interagency committee concerned with promoting accident free graduation celebrations. Media messages to address this problem were aired in May, 1982.

## Communicable Disease Control Division

The Communicable Disease Control Division serves as: a control, consultative and support service; a supply and distribution centre for vaccine, sera and biologicals; and a centre for the collection and analysis of communicable disease statistics.

Table 18, page 34, indicates provincial statistics regarding reported cases and deaths from selected notifiable communicable diseases from 1978 to 1982.

The trends in reported diseases (Table 18, page 34) are a guide to the pattern of disease in the province over the last five years. However, changes can also occur due to variations in the reporting of a specific disease.

Rabies:

In 1982, seventy-nine persons received human diploid cell rabies vaccine following exposure to potentially rabid animals. The prevention of human rabies by using rabies vaccine is indicated by the fact that the last human case in Saskatchewan was in 1970.

Measles:

The special effort undertaken by Saskatchewan Health over the last two years to achieve and maintain high levels of immunization has been extremely successful. Over 96 per cent of all children between the ages of 1 and 14 years have been given protection against measles. Only 37 cases of the disease were notified in Saskatchewan in 1982. This is the lowest annual figure since statistics related to measles have been recorded. The downward trend continues. In the period January 1 to March 31, 1983 only one case has been reported.

Sexually Transmitted Diseases:

During the last ten years the number of cases (Table 19, page 35) and the rate per 100,000 for reportable venereal diseases (Figure 5, page 35) in Saskatchewan have slowly declined. The bulk of cases reported are gonorrhoea.

Western Equine Encelphalitis (WEE):

No human cases were found in 1982. The WEE surveillance program identified a low level of WEE virus in mosquitoes during the summer of 1982. The surveillance program and the promoting of mosquito control programs continues.

## Epidemiology

During 1982-83, a federal field epidemiologist was posted to the office of the provincial epidemiologist for two years. This position has assisted the investigation of communicable disease outbreaks in various parts of the Province.

Multiple Sclerosis (MS):

A study was commenced, in cooperation with the MS Clinic, University Hospital in Saskatoon to establish the incidence and overall prevalence of MS in the province. The study will provide a starting point for further studies on multiple sclerosis.

Cardiovascular Disease (CVD):

Saskatchewan has the lowest age-adjusted mortality rate from CVD in Canada. A comparative study is being carried out with the Province of Nova Scotia (which has the highest rate in Canada) and Health and Welfare, Canada in an attempt to determine the reasons for the difference. If these can be identified they may give important indicators for the prevention of heart disease.

Respiratory Disease:

The field epidemiologist is working to more precisely define the problems of respiratory disease in Saskatchewan. Morbidity and mortality from this group of diseases have a major impact in the province. A clearer picture of the epidemiology

# Table 18. Reported Cases And Deaths From Selected Notifiable Communicable Diseases With Actual Rates Per 100,000 Population, Saskatchewan, 1978 to 1982

| Communicable diseases | Yearly distribution | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1978 | | 1979 | | 1980 | | 1981 | | 1982 | |
| | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| Amoebiasis (Dysentery Amoebic) | 13 | – | 13 | – | 14 | – | 15 | – | 9 | – |
| Brucellosis | – | – | – | – | – | – | – | – | – | – |
| Diphtheria | – | – | – | – | 2 | 1 | – | – | 6 | – |
| Diphtheria Carrier | 6 | – | 3 | – | 5 | – | 5 | – | – | – |
| (a) Giardiasis | | | 60 | – | 49 | – | 61 | – | 92 | – |
| Gonorrhoea | 3,050 | – | 2,670 | – | 2,602 | – | 2,695 | – | 2,467 | – |
| (b) Encephalitis | 11 | 2 | | | | | | | | |
| Food Poisoning | 41 | 2 | 50 | – | 113 | – | 122 | – | 9 | 1 |
| Gastroenteritis | 613 | 9 | 896 | – | 1,305 | – | 1,415 | – | 900 | 4 |
| Hepatitis A | 217 | 1 | 165 | 1 | 180 | – | 118 | – | 83 | – |
| Hepatitis B | 43 | – | 54 | – | 109 | 1 | 92 | – | 161 | 1 |
| (c) Influenza | 144 | 35 | 603 | 12 | 1,999 | 14 | 1,232 | 20 | | |
| Leprosy | – | – | 1 | – | – | – | 1 | – | – | – |
| Malaria | 3 | – | 7 | – | 11 | – | 4 | – | 4 | – |
| Measles | 151 | – | 1,089 | 1 | 301 | – | 63 | – | 37 | – |
| Meningococcal Meningitis | 63 | 2 | – | – | 8 | – | 3 | 1 | 3 | 2 |
| Meningitis Bacterial | | | | | | | | | | |
| (d) – Haemophilus | | | 18 | 1 | 27 | | 23 | – | 37 | 1 |
| (d) – Pneumococcal | | | 4 | – | 7 | 5 | 6 | – | 9 | – |
| (d) – Other | | | 43 | 2 | 44 | | 19 | 2 | 19 | 1 |
| Meningitis Viral or Aseptic | 25 | 1 | 211 | 1 | 52 | – | 48 | – | 147 | 3 |
| (e) Mumps | | | 315 | – | 554 | – | 158 | – | 131 | – |
| Pertussis (Whooping Cough) | 21 | – | 99 | 2 | 177 | – | 84 | – | 7 | – |
| Poliomyelitis | – | – | – | – | – | – | – | – | – | – |
| Rubella | 183 | – | 1,013 | – | 402 | – | 72 | – | 65 | – |
| Congenital Rubella | | | 3 | – | 2 | – | – | – | – | – |
| Salmonellosis | 262 | 1 | 251 | – | 230 | – | 248 | – | 458 | 1 |
| Shigellosis (Dysentery Bacillary) | 85 | – | 99 | – | 390 | 1 | 674 | – | 620 | – |
| (f) Streptococcal Infections | 654 | 3 | | | | | | | | |
| Syphilis | 45 | 2 | 26 | – | 44 | – | 20 | – | 22 | – |
| Tetanus | – | – | – | – | – | – | – | – | – | – |
| Tuberculosis | 122 | 9 | 104 | 3 | 119 | 6 | 96 | 8 | 91 | 2 |
| Typhoid & Paratyphoid fevers | 1 | 1 | – | – | 1 | – | 2 | – | 1 | – |
| **Annual rate per 100,000** | | | | | | | | | | |
| Amoebiasis (Dysentery Amoebic) | 1.4 | – | 1.4 | – | 1.5 | – | 1.6 | – | 0.9 | – |
| Brucellosis | – | – | – | – | – | – | – | – | – | – |
| Diphtheria | – | – | – | – | 0.2 | 0.1 | – | – | 0.6 | – |
| Diphtheria Carrier | 0.6 | – | 0.3 | – | 0.5 | – | 0.5 | – | – | – |
| (a) Giardiasis | | | 6.3 | – | 5.1 | – | 6.3 | – | 9.4 | – |
| Gonorrhoea | 323.2 | – | 280.3 | – | 270.7 | – | 278.3 | – | 251.4 | – |
| (b) Encephalitis | 1.2 | 0.2 | | | | | | | | |
| Food Poisoning | 4.4 | 0.2 | 5.3 | – | 11.8 | – | 12.6 | – | 0.9 | 0.1 |
| Gastroenteritis | 65.0 | 1.0 | 94.1 | – | 134.8 | – | 146.1 | – | 91.7 | 0.4 |
| Hepatitis A | 23.0 | 0.1 | 17.3 | 0.1 | 18.7 | – | 12.2 | – | 8.5 | – |
| Hepatitis B | 4.6 | – | 5.7 | – | 11.3 | 0.1 | 9.5 | – | 16.4 | 0.1 |
| (c) Influenza | 15.3 | 3.7 | 63.3 | 1.3 | 208.0 | 1.5 | 127.2 | 2.1 | | |
| Leprosy | – | – | 0.1 | – | – | – | 0.1 | – | – | – |
| Malaria | 0.3 | – | 0.7 | – | 1.1 | – | 0.4 | – | 0.4 | – |
| Measles | 16.0 | – | 114.3 | 0.1 | 31.3 | – | 6.5 | – | 3.8 | – |
| Meningococcal Meningitis | 6.7 | 0.2 | – | – | 0.8 | – | 0.3 | 0.1 | 0.3 | 0.2 |
| Meningitis Bacterial | | | | | | | | | | |
| (d) – Haemophilus | | | 1.9 | 0.1 | 2.8 | | 2.4 | – | 3.8 | 0.1 |
| (d) – Pneumococcal | | | 0.4 | – | 0.7 | 0.5 | 0.6 | – | 0.9 | – |
| (d) – Other | | | 4.5 | 0.2 | 4.6 | | 2.0 | 0.2 | 1.9 | 0.1 |
| Meningitis Viral or Aseptic | 2.7 | 0.1 | 22.2 | 0.1 | 5.4 | – | 5.0 | – | 15.0 | 0.3 |
| (e) Mumps | | | 33.1 | – | 57.6 | – | 16.3 | – | 13.4 | – |
| Pertussis (Whooping Cough) | 2.2 | – | 10.4 | 0.2 | 18.4 | – | 8.7 | – | 0.7 | – |
| Poliomyelitis | – | – | – | – | – | – | – | – | – | – |
| Rubella | 19.4 | – | 106.4 | – | 41.8 | – | 7.4 | – | 6.6 | – |
| Congenital Rubella | | | 0.3 | – | 0.2 | – | – | – | – | – |
| Salmonellosis | 27.8 | 0.1 | 26.4 | – | 23.9 | – | 25.6 | – | 46.7 | 0.1 |
| Shigellosis (Dysentery Bacillary) | 9.0 | – | 10.4 | – | 40.6 | 0.1 | 69.6 | – | 63.2 | – |
| (f) Streptococcal Infections | 69.3 | | 0.3 | | | | | | | |
| Syphilis | 4.8 | 0.2 | 2.7 | – | 4.6 | – | 2.1 | – | 2.3 | – |
| Tetanus | – | – | – | – | – | – | – | – | – | – |
| Tuberculosis | 12.9 | 1.0 | 10.9 | 0.3 | 12.4 | 0.6 | 9.9 | 0.8 | 9.3 | 0.2 |
| Typhoid & Paratyphoid fevers | 0.1 | 0.1 | – | – | 0.1 | – | 0.2 | – | 0.1 | – |
| **Population (g)** | 943,500 | | 952,500 | | 961,100 | | 968,300 | | 981,400 | |

(a) *Reportable as of 1979.*

(b) *No longer notifiable as of 1979 (included in meningitis figures).*

(c) *No longer tabulated as of 1982.*

(d) *In 1979 a detailed breakdown of meningitis was started. 1978, meningococcal meningitis includes meningitis bacterial other.*

(e) *Notifiable as of March 1, 1979.*

(f) *No longer notifiable as of 1979.*

(g) *Statistics Canada population figures (revised 1982). 1978 to 1980 — Final Mortality figures of Saskatchewan Residents (Statistics Canada)*
*1981 and 1982 — Preliminary Mortality figures (Saskatchewan Occurrances only).*

of these diseases is necessary before control measures can be recommended.

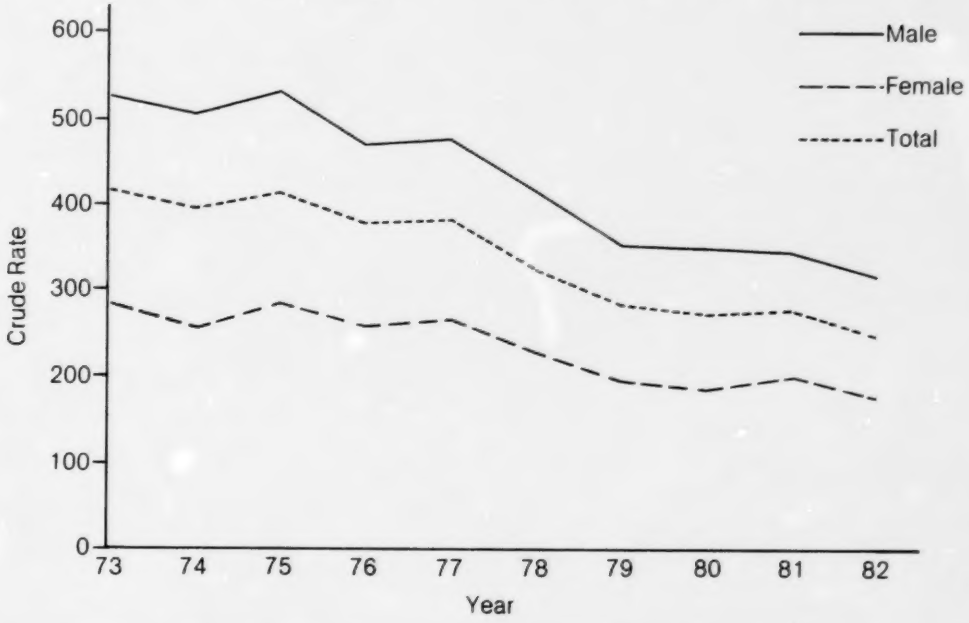
Environmental Health:

During 1982-83 epidemiological opinions have been given on a number of potential health hazards in the environment. Levels of both arsenic and uranium in water supplies were singled out as areas of concern but to date no situations hazardous to human health have been identified in the province. In addition in conjunction with the Departments of Environment and Tourism and Renewable Resources, the level of mercury in fish is monitored annually and recommendations are made regarding their safety for consumption.

## Table 19. Reported Cases of Syphilis and Gonorrhoea, Saskatchewan, 1977 to 1982

| Year | Total | Gonorrhoea | Syphilis |
|---|---|---|---|
| 1977 | 3,612 | 3,556 | 56 |
| 1978 | 3,095 | 3,050 | 45 |
| 1979 | 2,696 | 2,670 | 26 |
| 1980 | 2,646 | 2,602 | 44 |
| 1981 | 2,715 | 2,695 | 20 |
| 1982 | 2,489 | 2,467 | 22 |

## Figure 5. Crude Incidence Rates For Total Venereal Disease, (per 100,000 population), Saskatchewan, 1973 to 1982



## Rheumatic Fever Prophylaxis Program

Penicillin, sulfadiazine or erythromycin is offered to all known sufferers of rheumatic fever as a prophylactic against further streptococcal infection, and is continued for a period of five years if no carditis occurs, or for life if, in addition, rheumatic heart disease is present. Certain groups whose profession puts them at risk, such as nurses and teachers, are continued on the program even if there is no carditis. At the present time, the number of persons on the program is 838 as compared to 872 at March 31, 1982.

# Medical Services Division

The Medical Services Division administers the payment of accounts for non-insured health services to persons who are nominated to the Supplementary Health Program by Saskatchewan Social Services. Beneficiary classifications include Saskatchewan Assistance Plan beneficiaries, government wards and inmates of correctional institutions. On July 1, 1981, program eligibility was extended to include non-recipients of social assistance benefits 65 years and older, who are receiving Level 2, 3 or 4 special care home or long-term hospital care, and whose income is at or below the Saskatchewan Income Plan level.

As part of an administrative re-organization of the Supplementry Health Program, the Medical Services Division became an operating division under the Community Health Services Branch. The change became effective April 1, 1982, and included the administrative transfer of the program's dental component from the Medical Services Division to the Saskatchewan Dental Plan.

## Beneficiaries

With the introduction of the Saskatchewan Assistance Plan on April 1, 1966, various social assistance categories were as nearly as possible combined under one program. Actual need replaced means as the criterion upon which eligibility was determined.

In 1982-83, the number of beneficiaries receiving coverage for non-insured health benefits increased considerably. The following table shows the average annual caseload of supplementary health services beneficiaries from 1978-79 to 1982-83.

| Year | Beneficiaries |
|---|---:|
| 1978-79 | 45,623 |
| 1979-80 | 45,283 |
| 1980-81 | 44,701 |
| 1981-82 | 44,863 |
| 1982-83 | 54,760 |

The preceding caseload figures do not include inmates of correctional institutions.

## Benefits

Beneficiaries are provided with a Health Services Card and a Supplementary Health Card. The Health Services Card entitles beneficiaries to all benefits of the universal health programs.

The Supplementary Health Card further entitles beneficiaries to a comprehensive range of non-insured services which are described below:

Medical Services

Non-insured third-party medical examinations requested by Saskatchewan Social Services are paid for by Medical Services. The purpose of these examinations is to determine level of required nursing care, rehabilitation potential or employability.

Dental Services

Coverage includes preventive, restorative, exodontic, orthodontic and prosthetic dentistry but does not include payment for services that are available to children under the Saskatchewan Dental Plan. Payments to dentists are made on the basis of a payment schedule negotiated with the College of Dental Surgeons of Saskatchewan. Certain services require prior approval.

Dentures may be obtained from a dentist or, since January 1, 1980, from a denturist. The beneficiary is responsible for payment of a maximum fee of $15 per single denture or $30 for a complete set.

Drug and Appliance Services

Eligibility for supplementary health program drug benefits is designated as follows:

Plan 1 — All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy. The beneficiary pays the normal prescription charge on all other formulary products and the full cost of other non-formulary drugs.

Plan 2 — In addition to the benefits described under Plan 1, the beneficiary may receive without charge, any prescribed drug which is on the formulary of the Saskatchewan Prescription Drug Plan. Plan 2 is granted to all persons under 18 years, rehabilitation cases, unmarried mothers, transients and individuals with unusually high drug requirements.

Plan 3 — In addition to the benefits under Plans 1 and 2, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted to people receiving care in nursing and approved community homes, child wards and Provincial correctional inmates.

Medical Services pays the full cost of most medical supplies and appliances that are prescribed by a physician and which are not benefits under the S.A.I.L. Plan.

Optical Services

Refractions are paid for as an insured service by the Saskatchewan Medical Care Insurance Commission.

Eyeglasses are paid for on behalf of eligible beneficiaries by Medical Services whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Repairs are paid according to a schedule of fees and there is an upper limit on the amount paid for a set of eyeglass frames.

In Table 20, page 37, the annual volume of Dental Services, Drug and Appliance Services and Optical Services from 1978-79 to 1982-83 is presented.

## Table 20. Volume of Dental Services, of Prescriptions for Drugs, Appliances and Medical Supplies, and of Optical Services for Social Services Beneficiaries, Medical Services Division, 1978-79 to 1982-83

| Year | Volume of dental services | Volume of prescriptions | Volume of optical services |
|---|---|---|---|
| 1978-79 | 51,127 | 74,171 | 13,214 |
| 1979-80 | 50,214 | 73,486 | 12,888 |
| 1980-81 | 47,470 | 71,100 | 12,126 |
| 1981-82 | 47,166 | 80,496 | 14,013 |
| 1982-83 | 68,419 | 74,662 | 15,478 |

### Program Costs

Table 21, page 38, shows total program costs of the Medical Services Division for the past five years.

Table 21. Cost of Health Services Program for Social Services Beneficiaries, Medical Services Division, 1978-79 to 1982-83

| Year | Total cost |
|---|---:|
| 1978-79 | $2,025,889 |
| 1979-80 | 1,853,403 |
| 1980-81 | 2,016,569 |
| 1981-82 | 2,474,156 |
| 1982-83 | 3,374,798 |

# Ambulance Services and Emergency Health Services

### Air Ambulance Service

For the past 37 years, the Air Ambulance Service has transported patients, in medical emergencies, from small towns and villages with air strips to urban medical centres, both inside and outside the province. A total of 27,400 patients have been transported since the inception of the Air Ambulance Program to March 31, 1983. This includes 26,598 flights and 14 081 953 kilometres travelled, with no record of injury to either crew or passengers during any of the flights. Service is offered on a 24 hour a day, 365 day a year basis.

Saskatchewan Health negotiates the standard or level of service required for air ambulances with the Central Vehicle Agency of Saskatchewan Revenue, Supply and Services. That agency provides the Air Ambulance Service, charging the Health Department on a cost-per-kilometre basis. The general administration of the service is handled by the Community Health Services Branch.

The following tables compare patient, flight and distance statistics for the Air Ambulance Program for the past two years.

The number of patients carried will not necessarily be the same as the number of flights recorded because occasionally more than one patient is carried per flight.

The number of patients who received service during the past two years, according to specified types of illness, is shown in Table 26, page 40. By far, the largest group requiring emergency transportation were victims of accidents, poisoning and violence.

A flat rate of $140 charged to patients flown within Saskatchewan, regardless of distance, has been in effect since June 1, 1979.

## Table 22. Number of Patients Carried and Number of Flights, Saskatchewan Air Ambulance Services, 1981-82 and 1982-83

| | Number of patients | | Number of flights | |
|---|---|---|---|---|
| Type of craft* | 1981-82 | 1982-83 | 1981-82 | 1982-83 |
| Air ambulance aircraft | 452 | 490 | 404 | 445 |
| Regina based aircraft | 36 | 18 | 36 | 18 |
| Charter aircraft | 6 | 13 | 6 | 12 |
| **Total** | **494** | **521** | **446** | **475** |

* *The fully equipped ambulance aircraft and crew is located in Saskatoon. Government-owned aircraft in Regina serve as a back-up in emergency situations. Charter services may also be utilized if the situation warrants.*

## Table 23. Location of Flights, Saskatchewan Air Ambulance Services, 1981-82 and 1982-83

| | Number of patients | | Number of flights | |
|---|---|---|---|---|
| Location of flights | 1981-82 | 1982-83 | 1981-82 | 1982-83 |
| In Saskatchewan | 457 | 489 | 409 | 443 |
| Outside Saskatchewan | 37 | 32 | 37 | 32 |
| **Total** | **494** | **521** | **446** | **475** |

## Table 24. Distances Flown, Saskatchewan Air Ambulance Services (including Chartered Aircraft), 1981-82 and 1982-83

| | 1981-82 | 1982-83 |
|---|---|---|
| Average kilometres per round trip | 865 | 828 |
| Number of kilometres flown | 385 821 | 392 167 |
| Number of flights not completed* | 58 | 65 |

* *Flights not completed due to unsuitable or hazardous landing situations, weather conditions, death of patients, etc.*

The charge for out-of-province flights of 62.5¢ per kilometre flown, based on round trip distance, has been in effect since June 1, 1979.

Cost and financing of the Air Ambulance Service for the past two years are shown in Table 25, page 40.

## Table 25. Provincial Expenditures and Revenues, Saskatchewan Air Ambulance Services, 1981-82 and 1982-83

| | 1981-82 | 1982-83 |
|---|---|---|
| Provincial expenditure | $448,181 | $506,463 |
| Less: Provincial revenue | 190,981 | 213,136 |
| Net provincial cost | 257,200 | 293,327 |

## Table 26. Number of Patients by Type of Illness, Saskatchewan Air Ambulance Services, 1981-82 and 1982-83

| Type of illness | 1981-82 | 1982-83 |
|---|---|---|
| **Total** | **494** | **521** |
| Infective and parasitic diseases | 6 | 13 |
| Neoplasm | 9 | 20 |
| Endocrine, nutritional and metabolic diseases | 6 | 3 |
| Diseases of the blood and blood-forming organs | 10 | 3 |
| Mental disorders | 5 | 6 |
| Diseases of the nervous system and sense organs | 20 | 26 |
| Diseases of the circulatory system | 48 | 42 |
| Diseases of the respiratory system | 31 | 40 |
| Diseases of the digestive system | 52 | 60 |
| Diseases of the genito-urinary system | 11 | 19 |
| Complications of pregnancy, childbirth and the puerperium | 70 | 86 |
| Diseases of the skin and subcutaneous tissue | — | 4 |
| Diseases of the musculoskeletal system and connective tissue | 9 | 7 |
| Congenital anomalies | 7 | 8 |
| Certain causes of perinatal morbidity and mortality | 21 | 20 |
| Symptoms and ill-defined conditions | 45 | 23 |
| Accidents, poisonings and violence | 144 | 141 |

### Road Ambulance Services

The Community Health Services Branch of Saskatchewan Health is responsible for administration of the ambulance regulations. These regulations were established to ensure the level of training of ambulance attendants, as well as the vehicles and equipment utilized by ambulance services, met reasonable standards. All vehicles are inspected annually to determine eligibility for licensure.

The Municipal Road Ambulance Program was initiated on April 1, 1978 by the Department of Urban Affairs. Under this program, the Department of Urban Affairs provides grants to municipalities through the revenue sharing pool. These grants are turned over by the municipality to the appropriate district ambulance board. The ambulance board contracts services for its district through a private-operated service, hospital-based service or board-operated service.

## Table 27. Road Ambulance Services, Saskatchewan, 1981-82 and 1982-83

| Statistics | 1981-82 | 1982-83 |
|---|---|---|
| Number of licensed ambulance services | 95 | 101 |
| Number of licensed ambulance vehicles | 158 | 169 |

Recent changes in the ambulance regulations required all non-city based ambulance services to employ one emergency medical technician, registered nurse or medical doctor on their staff by September 1, 1982. All city-based services are required to assign one emergency medical technician on every call. The licensing procedure was revised resulting in the introduction of a more comprehensive checklist. Additional staff were hired to assist with the inspections and increase consultative services to ambulance operators. Inspections are scheduled to be done on a regional basis by the end of 1983.

In September 1982, the Ambulance Review Committee was established to examine ambulance services in the Province. Among the recommendations in the report, published in March 1983, was the consolidation of ambulance services under the Department of Health. This led to the formation of the Ambulance Services Unit on April 1, 1983 which will assume responsibility for this program from this date.

## Emergency Health Services

The Emergency Health Services Division of the Community Health Services Branch assists the Saskatchewan Hospital Services Plan in developing hospital disaster plan guidelines and in exercising hospital disaster plans. The Emergency Health Services Division is also responsible for maintaining and distributing medical supplies and equipment provided to the Province by Health and Welfare Canada. The Division has also designated people to attend federal Community Emergency Disaster Planning training programs.

Emergency health supplies are positioned in 64 locations throughout the Province to supplement existing medical services in the event of peacetime/wartime disasters. These supply units include the following:

— Hospital Disaster Supplies: These are issued to existing hospitals to help care for large numbers of casualties resulting from a disaster.

— 200-Bed Emergency Hospitals: These are mobile hospitals intended to function independently but whose supplies and facilities may also be used to expand the capability of an existing hospital.

— Advanced Treatment Centres: These are mobile clinics to provide professional sorting of casualties after rescue.

— Casualty Collecting Units: These units are designed to provide first aid treatment at a disaster site and to direct casualty movement to treatment centres.

— Blood Donor Packs: These ensure that hospitals will have a larger capacity for providing whole blood for seriously injured casualties.

— All Purpose Medical Clinics: These clinics are intended to provide lifesaving care to seriously injured persons close to the scene of a disaster.

During 1982-83, 16 people attended courses on emergency preparedness training. Table 28, page 42, summarizes the status of mobile and static emergency health supplies in the Province in 1982-83.

## Table 28. Emergency Health Supplies, Saskatchewan, 1982-83

| Emergency health supplies* | Number | Location highlights |
|---|---|---|
| Hospital disaster supply kit† | 190 | Located throughout the Province in 40 hospitals. |
| Emergency hospital‡ | 7 | Moose Jaw, Prince Albert, Regina, Swift Current, Saskatoon, North Battleford, Yorkton. |
| Casualty collecting unit** | 19 | Units are sub-divided to provide coverage at 42 locations. |
| Advanced treatment centre†† | 8 | Located throughout the Province. |
| Blood donor pack‡‡ | 12 | Located throughout the Province. |
| All purpose medical clinic | 5 | Weyburn, North Battleford, Swift Current, Regina, Saskatoon. |

* *Standards are set by Emergency Health Services, Health and Welfare Canada.*

† *Hospital disaster supply kits are issued, on request, to hospitals as approved by Emergency Health Services, Health and Welfare Canada.*

‡ *Portable emergency hospital units are located to reinforce the life-saving surgical capabilities of existing hospitals in a disaster situation.*

** *Each casualty collecting unit can provide rescue and first aid treatment for 500 casualties.*

†† *Each advanced treatment centre contains over two tons of medical supplies and equipment to assist in treating shock, hemorrhage, infection, pain and breathing difficulties.*

‡‡ *A blood donor pack is capable of collecting 100 bottles of blood.*

# Consultative Services

## Medical

Expert medical consultation is provided by a senior medical consultant to physicians, public health nurses, medical health officers and other related agencies regarding child health, communicable disease and immunization programs. The medical consultant also maintains an ongoing liaison with other levels of government, community agencies, health professionals, hospitals and the general public.

Activities include providing technical information along with consultation and advice on health and health-related matters, attending public meetings, speaking engagements and conducting educational seminars for Branch and other agency staff.

In addition, a Medical Advisory Committee has been established to provide a formal mechanism for the provision to the Branch Director of medical advice and the identification of medical issues affecting the provision of community health services. This Committee is comprised of all medical health officers in the province, and other medical Branch staff.

## Therapeutic Abortions

The Community Health Services Branch has responsibility for maintaining a record of therapeutic (induced) abortions performed in Saskatchewan hospitals and transmitting this information to Statistics Canada on a monthly basis.

In 1982, there were 1,632 therapeutic abortions performed. The number of hospital days continues to decrease.

## Table 29. Therapeutic Abortions, Saskatchewan, 1981 and 1982

| Age of patient | Number |  | Marital status of patient: Married |  | Single |  | Separated or divorced |  | Other |  | Hospital days |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | 1981 | 1982 | 1981 | 1982 | 1981 | 1982 | 1981 | 1982 | 1981 | 1982 | 1981 | 1982 |
| Under 15 | 17 | 14 | 0 | 0 | 17 | 14 | 0 | 0 | 0 | 0 | 8 | 12 |
| 15 | 38 | 36 | 0 | 0 | 38 | 36 | 0 | 0 | 0 | 0 | 26 | 8 |
| 16 | 95 | 94 | 0 | 0 | 95 | 94 | 0 | 0 | 0 | 0 | 49 | 51 |
| 17 | 123 | 109 | 0 | 1 | 122 | 106 | 0 | 0 | 1 | 2 | 66 | 32 |
| 18 | 203 | 150 | 2 | 3 | 195 | 144 | 2 | 0 | 4 | 3 | 82 | 57 |
| 19 | 161 | 161 | 5 | 5 | 152 | 140 | 1 | 8 | 3 | 8 | 42 | 35 |
| 20-24 | 535 | 605 | 44 | 40 | 420 | 469 | 48 | 66 | 23 | 30 | 195 | 207 |
| 25-29 | 256 | 260 | 68 | 65 | 126 | 116 | 43 | 59 | 19 | 20 | 91 | 62 |
| 30-34 | 114 | 121 | 61 | 56 | 22 | 23 | 24 | 37 | 7 | 5 | 68 | 57 |
| 35-39 | 68 | 51 | 39 | 35 | 5 | 7 | 22 | 7 | 2 | 2 | 59 | 22 |
| 40-44 | 18 | 30 | 8 | 25 | 2 | 0 | 6 | 5 | 2 | 0 | 5 | 17 |
| 45+ | 2 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| **Total** | **1,630** | **1,632** | **229** | **231** | **1,194** | **1,149** | **146** | **182** | **61** | **70** | **691** | **562** |

## Nursing

Consultative services on Province-wide community health nursing programs are provided by nursing consultants in the central office to regional public health nurses, as well as to other health and educational agencies.

Services include provision of assistance in planning, developing, promoting, coordinating and evaluating community health nursing programs. Assistance is also provided in recruiting public health nursing staff, developing of in-service education and training programs, establishing immunization schedules and providing professional consultation throughout the regions.

## Family Planning

Family planning teaching and counselling is an integral component of a number of preventive programs. Public health nurses provide this service on an individual basis during postnatal home visits and, on request, to groups such as prenatal classes.

Community Health Services Branch provides the consultative services of a Family Planning Coordinator. Resource literature on this subject is made available through health regions.

In 1982-83 grants were provided to Family Life Saskatchewan, Planned Parenthood and Serena Saskatchewan.

## Health Protection Services

The Health Protection Division takes a comprehensive approach to health protection. The Division identifies, evaluates and responds to a wide variety of public health issues.

The Division was established in September, 1979 and concentrates in the following areas of public health technology:

— advisory services on environmental health issues;

— consultation in support of regional public health inspection services;

— milk sanitation services.

## Consultant Services For Public Health Inspection

Senior public health inspector consultants: provide advice to the regional public health inspection staff and the general public; and review and interpret the extensive legislation under The Public Health Act relating to food safety, public eating establishments, lodging and waste management. Close contact is maintained with municipal, provincial, federal and voluntary agencies.

This section is also responsible for providing effective public health control of milk borne disease by monitoring industry adherence to sanitation measures in handling, pasteurizing and distributing milk and milk products.

Under Section 44 of The Public Health Act, milk may not be sold, offered for sale or delivered in a city or town having a population of 1,000 or more unless it has been pasteurized in a plant approved by the Minister of Health. Under provincial legislation, residents may purchase unpasteurized milk directly from a dairy farm for their own use. During 1982-83 only 4 towns and 18 villages permitted the sale or delivery of raw milk.

A history of milk as a safe food has been established by confidence in pasteurization, and reassured by the enforcement of regulations. There have been no reported illnesses attributed to infected milk in decades.

Table 30, page 44, represents the level of specimen compliance to milk quality standards.

## Administrative Support Services

Administrative support services are provided from the central office to regional health programs in areas such as personnel administration, budget allocation, expenditure control and the development of data collection and reporting systems.

The Administration Division is responsible for coordinating the development of the Branch budget and establishing procedures for monitoring expenditures and funds, along with the acquisition of necessary materials and supplies.

## Program Development

In 1980-81 the Community Health Services Branch established a Program Development Division to develop and evaluate preventive health programs.

During 1982-83 this Division continued to develop and support several projects including a prenatal and postnatal counselling program for native women in Regina, the provincial Child Safety Committee and the Baby's Best Start program being conducted in North Battleford Health Region.

## Table 30. Compliance to Milk Quality Standards, Saskatchewan, 1978 to 1982-83

| | Per cent compliance | | | | |
|---|---|---|---|---|---|
| Milk quality standards | 1978 | 1979 | 1980 | 1981-82* | 1982-83 |
| Average | 93.30 | 95.30 | 96.22 | 92.04 | 92.49 |
| Standard plate count** | 97.83 | 98.53 | 98.52 | 98.23 | 98.74 |
| Coliform plate count† | 93.11 | 94.35 | 93.38 | 92.08 | 92.86 |
| Phosphate test‡ | 100.00 | 100.00 | 100.00 | 100.00 | 100.00 |
| Test for inhibitors*** | 99.75 | 99.56 | 99.80 | 99.71 | 99.94 |
| Commingled raw milk count†† | 75.84 | 84.08 | 89.42 | 83.46 | 89.57 |

* *Effective 1981, percentages are based on a fiscal year.*

** *Less than 30,000 bacteria per millilitre.*

† *Less than 3 coliform bacteria per millilitre.*

‡ *Color equivalent to less than 1 microgram of phenol per millilitre.*

*** *Less than 0.05 units of penicillin per millilitre.*

†† *Less than 300,000 bacteria per millilitre.*

### Health Promotion and Counselling for Youth

Saskatchewan Health has initiated a research and demonstration project funded by Health and Welfare Canada to improve health education and counselling services for youth. During 1982-83 a resource package was developed and distributed and a number of in-service workshops were developed for health workers, parents and teachers.

# Staffing

There were 448 approved, permanent and non-permanent positions in the Community Health Services Branch as of March 31, 1983, a net increase of 12.5 person years from March 31, 1982. The approved person year distribution among the organizational units of the Branch is shown in Table 31, page 45.

## Table 31. Approved Person Year Distribution, Community Health Services Branch, 1981-82 and 1982-83

| Organizational unit | 1981-82 | 1982-83 |
|---|---|---|
| | **435.5*** | **448.0** |
| Health Regions | 320.7 | 330.1 |
| Health Promotion | 13.1 | 13.2 |
| Health Protection | 11.6 | 12.2 |
| Health Promotion and Counselling for Youth | — | 1.5 |
| General Administration | 24.7 | 25.2 |
| Saskatchewan Hearing Aid Plan | 31.8 | 32.3 |
| CD/VD | 11.2 | 11.1 |
| Saskatchewan Aids to Independent Living | 22.4 | 22.4 |

* *The 1981-82 annual report indicated 398 full time positions. The above figure includes 37.5 non-permanent person years.*

# Finance

## Revenue

The Community Health Services Branch had receipts of $1,120,692 from the issuance of permits, licenses, sale of hearing aids and accessories and third party recoveries during the 1982-83 fiscal year. Also, in coordination with the Local Government Board and Saskatchewan Revenue, Supply and Services, $307,390 was collected through the Public Health Tax Levy. All receipts collected by Community Health Services Branch and Revenue, Supply and Services were deposited to General Revenue, Saskatchewan Finance (Table 32, page 46).

## Expenditure

The actual expenditure of the Branch in the 1982-83 fiscal year was $24,823,800. Of this total, 40.5 per cent was expended for health regional programs, 20.8 per cent for operation of the S.A.I.L. and S.H.A.P. programs, 6.4 per cent for centralized support services (general administration) and 7.0 per cent in the form of grants to the cities of Regina and Saskatoon and other health agencies.

## Table 32. Revenue, Community Health Services Branch, 1981-82 and 1982-83

| Revenue | 1981-82 | 1982-83 |
|---|---|---|
| **Total** | **$1,260,210** | **$1,493,003** |
| Public Health Tax Levy | 299,688 | 307,390 |
| Permits, licences | 15,551 | 14,713 |
| Health Promotion: | | |
| — Commodity sales | 1,378 | 3,995 |
| — V.R.D.P.** | 433 | — |
| Health Promotion and Counselling for Youth Health and Welfare grant | 126,518 | 91,921 |
| S.H.A.P.* | | |
| — Hearing aids | 389,087 | 458,740 |
| — Hearing aid batteries | 111,048 | 126,591 |
| — Hearing aid moulds | 34,334 | 37,342 |
| — Hearing aid repairs | 43,733 | 51,197 |
| — 3rd party recoveries | 71,734 | 77,866 |
| — Auditory trainers | 5,725 | 6,903 |
| — Hearing aid accessories | 8,515 | 11,286 |
| S.A.I.L. | | |
| — Commodity sales | 46,126 | 46,099 |
| — V.R.D.P. | 106,340 | 285,960 |

* *S.H.A.P. revenue is gross revenue of $772,454. (This includes a decrease in accounts receivable of $2,529.)*

** *Vocational Rehabilitation: Other Disabled Persons.*

## Table 33. Expenditure, Community Health Services Branch, 1981-82 and 1982-83

| | 1981-82* | | 1982-83 | |
|---|---|---|---|---|
| Distribution | Expenditure | Per cent | Expenditure | Per cent |
| **Total** | **$17,805,430** | **100** | **$24,823,800** | **100** |
| Health Regions | 8,519,900 | 47.8 | 10,059,580 | 40.5 |
| Health Promotion | 1,243,070 | 7.0 | 866,650 | 3.5 |
| Medical Health Services*** | — | — | 3,783,840 | 15.3 |
| General Administration | 1,275,180 | 7.2 | 1,590,260 | 6.4 |
| Grants to other health agencies | 1,356,530 | 7.6 | 1,740,390 | 7.0 |
| CD/VD | 908,380 | 5.1 | 1,106,630 | 4.5 |
| S.H.A.P. | 1,361,010 | 7.6 | 1,699,590 | 6.8 |
| S.A.I.L. | 2,693,180 | 15.1 | 3,470,400 | 14.0 |
| Air Ambulance | 448,180 | 2.8 | 506,460 | 2.0 |

* *NOTE: 1981-82 reflects final year-end figures as per public accounts.*

** *Preliminary figures.*

*** *Medical Health Services transferred to Community Health Services Branch in 1982-83 fiscal year.*

# Northern Health Services Branch

## History

Prior to the 1974-75 fiscal year, health services delivery in the Northern Administrative District (NAD) was the responsibility of the Northern Health Services Region of the Saskatchewan Department of Health under the legislative authority of the Public Health Act and the Health Services Act. Services were somewhat limited and were delivered essentially through four outpost hospitals in Cumberland House, Buffalo Narrows, Sandy Bay and Stony Rapids. The Region's mandate was to: operate the outpost hospitals; provide and coordinate health care for medically indigent non-Treaty residents; supervise air ambulance services; and provide public health services.

In 1973-74, responsibility for delivery of health services in the NAD was transferred to the Department of Northern Saskatchewan (DNS) under the legislative authority of the Department of Northern Saskatchewan Act. The Health Services Branch of DNS came into being in the 1974-75 fiscal year and assumed responsibility for the outpost hospitals, continued to provide public health inspection and public health nursing services and introduced dental services on the West Side (Buffalo Narrows, La Loche, and Ile a la Crosse). The 1975-76 fiscal year saw: the conversion of the outpost hospitals to health centres; the opening of the Ile a la Crosse medical clinic with three contracted physician positions; the expansion of the Dental program to most northern communities; and the introduction of the Health Education program.

Over the next few years, programs continued to expand with the introduction of contractual eye care services and the Community Health Worker program in 1976-77; the community Mental Health Nurse program in 1978-79; a major expansion of the Community Health Worker program in 1979-80; expansion of contractual arrangements with private physicians to provide clinical tours to a variety of remote northern communities in 1980-81; and the assumption of responsibility for the Food Transportation Subsidy program in 1981-82. Over these years, resource expenditures increased from $342,050 in 1973-74 to $3,344,620 in 1982-83.

On October 1, 1982 the Health Services Branch of DNS was placed under the direction of the Department of Health and subsequently organized as a discrete Branch of the Department. Today the delivery of health services in the NAD is the responsibility of the Northern Health Services Branch of the Department of Health, headquartered in La Ronge. The mandate of the Branch is to provide integrated delivery of all health services in the NAD through the following range of programs or services:

- Nursing Program (Public Health and Primary Care);
- Mental Health Program (Community Mental Health);
- Community Services Program (Health Education and Community Health Workers);
- Public Health Inspection Program (Environmental Health);
- Dental Program;
- Food Subsidy Program;
- Continuing Education.

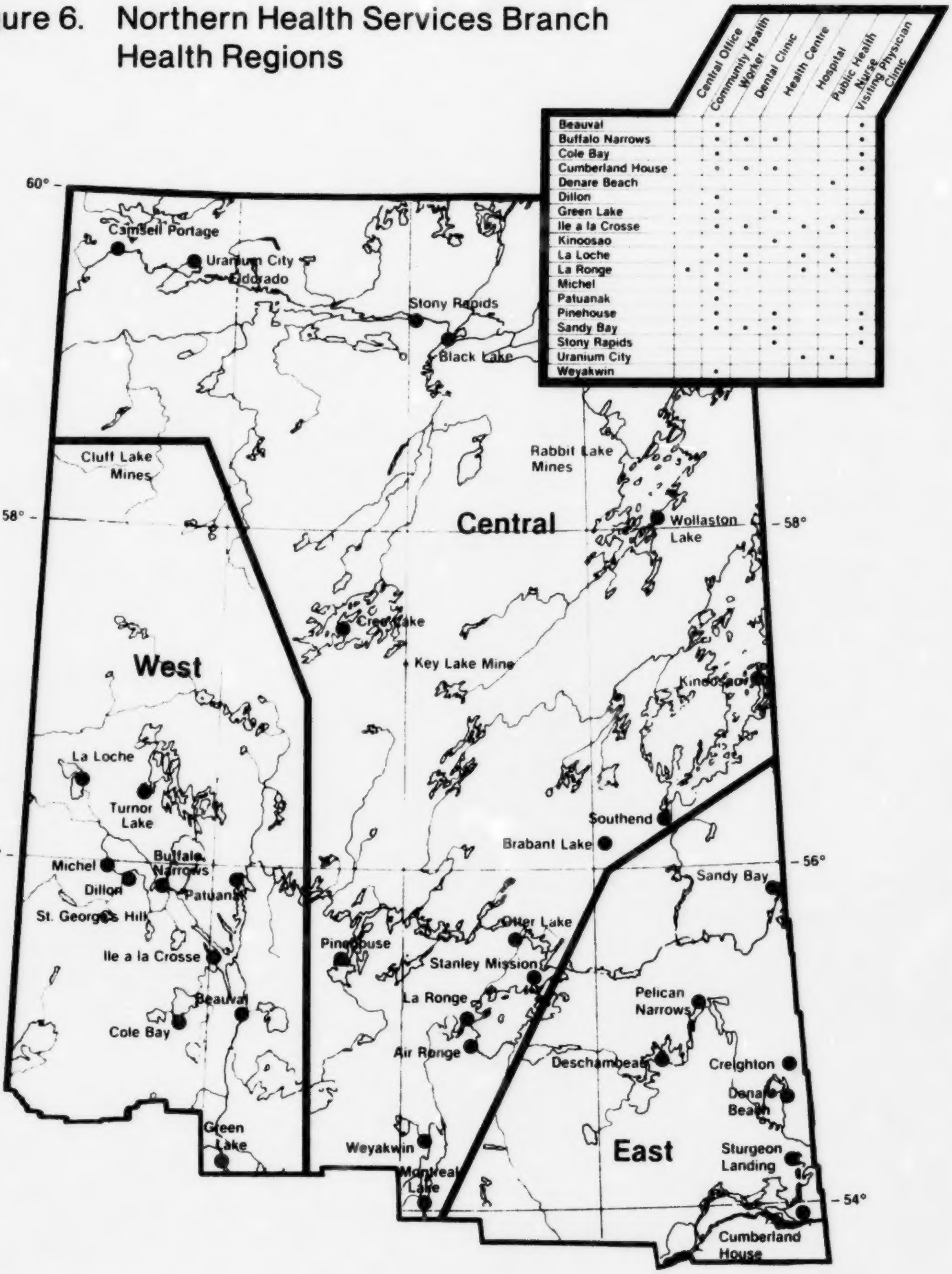
## Organization and Administration

The service delivery system operated by the Northern Health Services Branch is organized on a local clinic basis, with some clinics being staffed permanently and some on a routine visiting basis. The area is divided into three general administration regions. Headquarters staff are located in La Ronge.

Typical clinics or locations are staffed with all or part of the following disciplines: acute care, public health and community mental health nurses; public health inspectors; dental therapists and dental assistants; and physicians and dentists visiting on a regular basis.

The locations of permanent clinics and facilities are illustrated on the map (Figure 6, page 48). The Branch's administrative structure is illustrated in Figure 7, page 49.

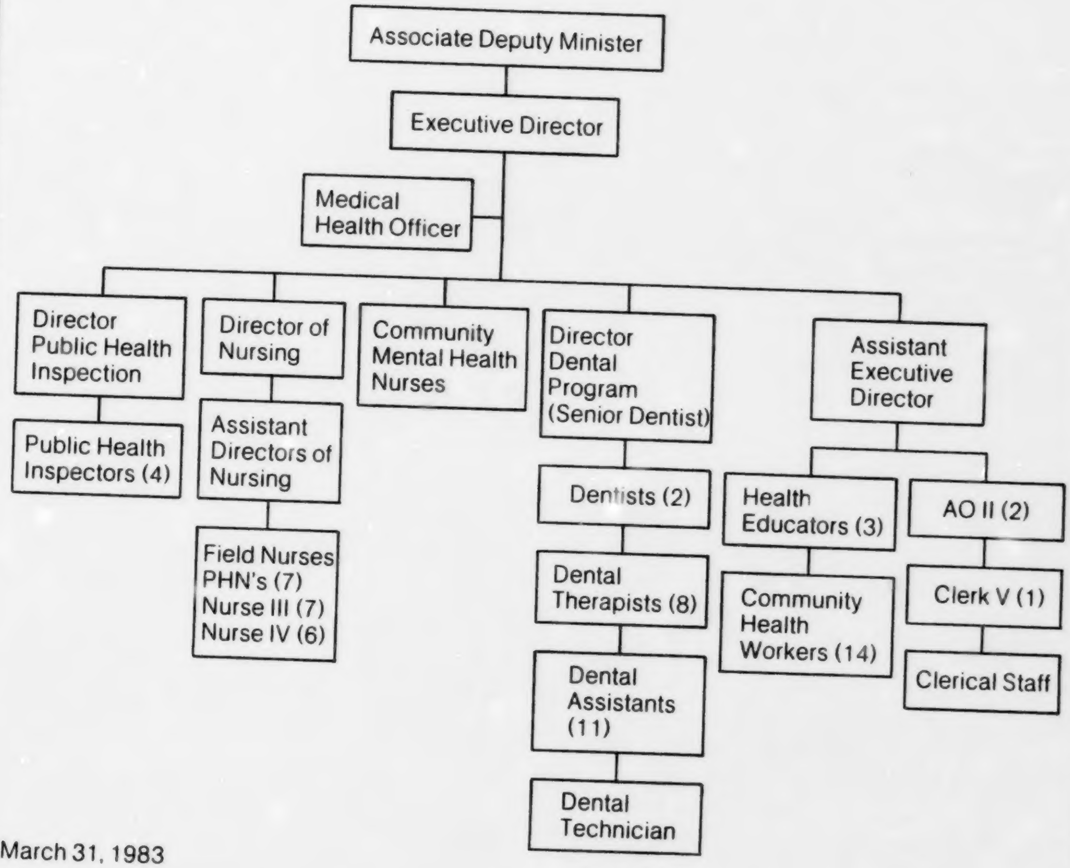
# Figure 6. Northern Health Services Branch Health Regions



| | Central Office | Community Health Worker | Dental Clinic | Health Centre | Hospital | Public Health Nurse | Visiting Physician Clinic |
|---|---|---|---|---|---|---|---|
| Beauval | | • | | | | | • |
| Buffalo Narrows | | • | • | • | | | • |
| Cole Bay | | • | | | | | • |
| Cumberland House | | • | • | • | | | • |
| Denare Beach | | | | | | • | |
| Dillon | | • | | | | | |
| Green Lake | | • | | • | | | • |
| Ile a la Crosse | | • | • | | • | • | |
| Kinoosao | | | | • | | | |
| La Loche | | • | • | | • | • | |
| La Ronge | • | • | • | | • | • | |
| Michel | | • | | | | | |
| Patuanak | | • | | | | | |
| Pinehouse | | • | | • | | | • |
| Sandy Bay | | • | • | • | | | • |
| Stony Rapids | | | | • | | | • |
| Uranium City | | | | | • | • | |
| Weyakwin | | • | | | | | |

March, 1983

Figure 7. Organization of Northern Health Services Branch


Associate Deputy Minister
Executive Director
Medical Health Officer
Director Public Health Inspection
Public Health Inspectors (4)
Director of Nursing
Assistant Directors of Nursing
Field Nurses PHN's (7) Nurse III (7) Nurse IV (6)
Community Mental Health Nurses
Director Dental Program (Senior Dentist)
Dentists (2)
Dental Therapists (8)
Dental Assistants (11)
Dental Technician
Assistant Executive Director
Health Educators (3)
Community Health Workers (14)
AO II (2)
Clerk V (1)
Clerical Staff

March 31, 1983

## Nursing Program (Public Health and Primary Care Nursing)

Objectives

The public health and primary care nursing program's main objectives are to promote health, prevent disease and accidents, and to assist in the restoration of health for those who are ill or injured.

Services

Public health nurses provide health education, health promotion, screening programs, well baby clinics and immunizations. In communities which have no resident physician, primary care nurses are responsible for primary care nursing, and diagnosing and treating minor and emergency cases on a 24-hour basis.

## Table 34. Immunizations, Northern Health Services Branch, 1982-83

| | Total | Infants | Pre-school | School |
|---|---|---|---|---|
| DPT* | 1,944 | 1,035 | 664 | 245 |
| Polio virus | 1,042 | 162 | 653 | 227 |
| Measles (Rubeola) | 10 | | 10 | |
| Rubella | 100 | | | 100 |

* *Diphtheria Pertussis. Tetanus.*

In the past year, emphasis has been placed on three public health nursing programs:

1. In the immunization program both well baby clinics and school immunization programs were well utilized. A total of 3,096 immunizations were done.

2. The measles immunization campaign ensured that 95% of children in northern communities were immunized against measles.

3. Prenatal classes and pre and postnatal home visits are used by many nurses to provide health education.

In primary care nursing, thirteen primary care nurses in six community health centres dealt with 16,132 clients.

There were 5,775 attendances at the 359 doctors' clinics held during the year.

### Mental Health Program (Community Mental Health Nursing)

Objectives

The community mental health nurses in northern commuinities provide assessment, planning and counselling services for people having problems relating to mental health.

Services

This area was active during the reporting period. While the number of positions were reduced from four to three, high quality services continued to be delivered to persons needing such support.

Mental health services in the north were augmented by visiting teams from the Battlefords Mental Health Region (West Side) and Prince Albert Mental Health Region (East Side). An expansion of mental health service within the Branch is planned, in order to provide resident psychologists and social workers.

### Community Services Program

Objectives

The objectives of the community services program are:

— to assist residents of northern Saskatchewan to improve or maintain their present health status;

— to provide health education services on a community wide basis;

— to provide assistance and liaison between direct health delivery staff, service recipients and the community;

— to encourage people to adopt healthy lifestyles;

— to increase community and municipal involvement in health issues affecting the community;

— to provide Indian and Metis people with the opportunity to participate in the planning, development and delivery of health education services;

— to assist in the development and provision of opportunities for Indian and Metis people to be trained as health workers;

— to be available to southern health services;

— to consult on northern Indian and Metis health issues; and

— to utilize the resources of southern health services.

### Services

The community services program has two distinct components: (a) health promotion or education; and (b) the community health worker program.

#### a) Health Education

The health education aspects of the program are similar to the functions carried out in the Health Promotion Division of the Community Health Services Branch. These include: development of health education programs to address identified health problems; development of health education materials that are appropriate to northern needs; provision of seminars or talks for health professionals, schools and community groups on request; and, distribution of health information and materials upon request.

The health education program supplies health centres and clinics, dental clinics, health inspection offices and other interested groups with health promotion material. There was a constant demand for materials from the library, audio-visual and resource lending centre, and for pamphlets and posters. Where no appropriate materials existed, or materials existed in high level English only, health education staff developed their own. The materials have dealt with "pinworms", "diabetes", "Scoliosis", "gastrointestinal diseases", "treatment of minor injuries and common ailments for children" and "first aid". As well, an "Education for Health" article, prepared by health education staff, was printed bi-monthly in the Denosa, a magazine for residents of northern Saskatchewan.

There were many requests for workshops, courses and talks to various groups in several communities on a wide variety of topics. Some of the more common topics were first aid, cardiopulmonary resuscitation, nutrition and fitness. Several health promotional activities followed monthly themes including Dental Month, Nutrition Month, "Pitch In Spring Clean Up" and Cancer Month.

Over the summer, health education staff cooperated with the Small Scale Foods Program of the Agrology Division of Economic Development in the Department of Northern Saskatchewan. The program encourages, for nutritional and economic reasons, individual garden projects in various communities.

Two conferences organized by health education program staff were held in Prince Albert. The first was for persons in northern Saskatchewan who deal with or are interested in the issue of adolescent pregnancy. This was attended by about 60 people from various communities, organizations and disciplines, in both federal and provincial jurisdictions. The second conference, on the topic of working with adolescents, was for community health workers. The conference promoted the development of community based health-oriented programs.

The health education program had four positions throughout the 1982-83 fiscal year, but for most of the year only one was filled. All four positions work out of La Ronge. Action is being taken to fill all the positions.

#### b) Community Health Workers

The community health worker program was introduced in 1976. Community health workers are community residents who are trained to provide the following services: basic health education in homes and schools; interpreter, education and liaison assistance to health professionals and community residents; orientation of health staff to northern communities; and education of community members regarding the availability of health services.

This year, four community health workers graduated from the training program and began work in their respective communities. Previously community health workers were hired on the basis of a three-party contract between Northern Health Services, local government councils and the community health workers. This system was replaced and the recent graduates became direct employees of the local government councils forming a much closer link between the two.

The councils, in turn, are on contract to Northern Health Services Branch to administer, supervise and fund this program. By being responsible for their respective community health workers, the local councils are encouraged to communicate more closely with them and therefore become more involved in the health issues of their own community.

There were, in 1982-83, fourteen community health worker positions based in the following locations: La Loche, Buffalo Narrows, Michel Village, St. George's Hill, Ile a la Crosse, Cole Bay, Patuanak, Beauval, Green Lake, Pinehouse, Air Ronge, Weyakwin, Sandy Bay and Cumberland House. Twelve of these positions were filled for the most part of 1982-83. Two others will be filled by March 1984.

The co-ordination, initial and in-service training and ongoing support of the community health worker program was provided by staff in the health education program.

## Public Health Inspection Program (Environmental Health)

Objectives

The prime objective of the Public Health Inspection Program is to improve health standards in northern Saskatchewan. Emphasis is placed on teaching northern citizens the significance of sound health practices.

Services

During the year, public health inspectors conducted a total of 453 inspections, covering food control, water supply, sanitary sewage, general sanitation and solid waste. They issued 130 plumbing permits. A total of 309 operating permits were issued to campgrounds, tourist camps, mobile home courts, motels, institutional camps, hotels and public eating establishments.

Inspectors worked to ensure the water and sewage systems at Sandy Bay and Cumberland House underwent the upgrading required to meet standards and needs.

The results of a successful court case against a commercial enterprise in the Creighton area supported inspectors in their enforcement of mobile home park regulations.

Considerable innovative work was done on the inspection and testing methods used by public health inspectors to ensure plumbing standards were met at the Key Lake uranium mine.

The public frequently resisted pressures from public health inspection staff to ensure all standards are met, putting considerable pressure on inspection staff.

Staff members gave courses in water chlorination and treatment, food handling and other topics.

Staffing

Staff members attended regular upgrading courses.

By the end of the reporting period a full staff complement of five public health inspectors was in place. Peak summer workload was met by augmenting the permanent staffing with one or more public health inspection students.

## Table 35. Inspections, Northern Health Services Branch, 1982-83

| Area | Food control | Water supply | Sanitary sewage | General sanitation | Solid waste | Total |
|---|---|---|---|---|---|---|
| West Side | 45 | 9 | 0 | 50 | 0 | 104 |
| Central A | 23 | 0 | 2 | 8 | 4 | 37 |
| Central B | 54 | 5 | 8 | 57 | 12 | 136 |
| East Side | 48 | 3 | 0 | 116 | 9 | 176 |
| Total | 170 | 17 | 10 | 231 | 25 | 453 |

Plumbing permits issued — 130

## Table 36. Number of Permits Issued to Operate, Northern Health Services Branch, 1982-83

| | |
|---|---|
| Total | 309 |
| Campgrounds | 79 |
| Tourist camps | 147 |
| Mobile home courts | 1 |
| Motels | 10 |
| Institutional camps | 2 |
| Hotels | 9 |
| Public eating establishments | 61 |

## Dental Program

### Objectives

The dental program's objectives are:

— to make dental treatment regularly and reliably accessible to the residents of northern Saskatchewan;

— to provide identical services to enrolled treaty children on a fee-for-service basis with charge back to the Department of Indian Affairs and Northern Development.

— to upgrade and standardize the quality of treatment;

— to render services in the north more equitable in relation to those available in the southern part of the province;

— to initiate and maintain dental hygiene and education;

— through the foregoing, and accompanied by regular treatment, to replace the custom of emergency treatment only with an emphasis on ongoing dental care. This will generally raise the standard of dental health among people in the region.

### Services

The Dental Program of Northern Health Services Branch began as the Pilot Dental Care Program on the West Side, 1973. The program has base clinics at La Loche, Buffalo Narrows, Ile a la Crosse, La Ronge, Uranium City, Sandy Bay and Cumberland House. Satellite clinics are located at Pinehouse, Stony Rapids, Green Lake, Weyakwin, Turnor Lake and Beauval. Staff consists of 3 dentists, 1 administrative officer, 8 dental therapists, 10 dental assistants and 1 dental technician who work using the team approach. Care is provided in community health centres (other than Ile a la Crosse where it is provided in the school).

Each dentist is responsible: for all dental services in his or her region; for performing all initial examinations, diagnoses and treatment planning; for assigning work to and supervising the dental therapists; and for personally treating all cases beyond the legal and professional scope of the dental therapists.

Educational activities include classroom instruction in oral hygiene (toothbrushing, flossing, home care), dental anatomy and development, and nutrition.

As well, in conjunction with public health nurses, lectures on dental care were given in prenatal classes.

The Fluoride Mouth Rinse Program was developed to promote preventive care. It is delivered through a variety of means including schools, Brownies, day care centres and other special interest groups. Topical fluoride application is available in the clinics. Clinics provide instructions on care of the teeth and dietary counselling.

### Research

In January a survey was carried out on randomly selected children born in 1966 and 1977 in Weyakwin, Pinehouse, Sandy Bay, Buffalo Narrows, Uranium City, Stony Rapids, Ile a la Crosse, Cumberland House and La Ronge. This survey provided base line figures and a general assessment of the children's dental health.

A second survey was conducted comparing the dental status of children born in 1965 through 1978 inclusive. It clearly demonstrated the disadvantaged position of northern children compared to those from the south. Efforts to rectify this situation are being actively pursued. Table 37, page 54, shows the comparison.

## Table 37. Northern Health Services Survey, Comparison of Dental Status, January, 1983

| | (Figures show average number per child surveyed) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Year of birth | | | | | | | | | | | | | |
| **Teeth** | **1965** | **1966** | **1967** | **1968** | **1969** | **1970** | **1971** | **1972** | **1973** | **1974** | **1975** | **1976** | **1977** | **1978** |
| **Permanent**<br>Decayed | 5<br>(–) | 5.61<br>(1.32) | 3.46<br>(1.22) | 5.74<br>(1.22) | 3.47<br>(1.00) | 4.74<br>(.81) | 2.5<br>(.65) | 3.09<br>(.55) | 1.49<br>(.56) | 2.27<br>(.55) | 1.82<br>(.44) | 1.38<br>(.21) | .38<br>(.02) | .00<br>(.00) |
| Missing | 3<br>(–) | .66<br>(.45) | .83<br>(.39) | .65<br>(.28) | .69<br>(.26) | .58<br>(.16) | .22<br>(.08) | .29<br>(.04) | .14<br>(.02) | .32<br>(.00) | .16<br>(.00) | .25<br>(.00) | .08<br>(.00) | .00<br>(.00) |
| Filled | 6<br>(–) | 5.05<br>(7.08) | 7.26<br>(6.51) | 5.38<br>(5.43) | 6.88<br>(4.13) | 4.20<br>(3.25) | 4.20<br>(2.65) | 2.50<br>(2.13) | 2.54<br>(1.64) | 1.04<br>(.87) | 1.32<br>(.33) | .11<br>(.06) | .06<br>(.10) | .00<br>(.00) |
| Total decayed, missing and filled | 14<br>(–) | 11.33<br>(9.58) | 11.56<br>(8.13) | 11.78<br>(6.94) | 11.05<br>(5.41) | 9.53<br>(4.23) | 6.93<br>(3.39) | 5.90<br>(2.72) | 4.18<br>(2.23) | 3.64<br>(1.43) | 3.33<br>(.78) | 1.75<br>(.27) | .53<br>(.03) | .00<br>(.00) |
| **Deciduous**<br>Decayed | | | | .04<br>(.01) | .01<br>(.03) | .17<br>(.10) | .41<br>(.19) | .77<br>(.36) | 1.04<br>(.48) | 2.13<br>(.63) | 2.30<br>(.82) | 4.80<br>(1.14) | 4.42<br>(1.45) | 4.00<br>(1.40) |
| Missing (extracted) | | | | .08<br>(.00) | .12<br>(.01) | .07<br>(.04) | .53<br>(.12) | 1.39<br>(.19) | 1.12<br>(.24) | 1.41<br>(.21) | .90<br>(.13) | .75<br>(.10) | .62<br>(.07) | .00<br>(.04) |
| Filled | | | | .00<br>(.08) | .06<br>(.22) | .22<br>(.67) | .75<br>(1.39) | 1.13<br>(2.32) | 2.01<br>(2.98) | 1.88<br>(3.08) | 2.35<br>(2.76) | 1.26<br>(2.27) | 156<br>(1.44) | 3.5<br>(.72) |
| Total decayed, extracted, filled | | | | .12<br>(.10) | .20<br>(.27) | .47<br>(.82) | 1.69<br>(1.72) | 3.29<br>(2.88) | 4.18<br>(3.71) | 5.42<br>(3.92) | 5.46<br>(3.72) | 6.81<br>(3.52) | 6.61<br>(2.97) | 7.50<br>(2.18) |

*Numbers — Northern Health Services delivery area*
*Bracketed — Averages for Saskatchewan Dental Program (in South)*

### Food Subsidy Program

This program is designed to reduce the cost of perishable foods for the fly in communities of Fond du Lac, Stony Rapids, Black Lake, Wollaston and Kinoosao. The Northern Health Services Branch pays for the costs of transporting food from Hidden Bay to the retail food sales companies in these regions. The program reduces costs allowing for more nutritional foods to be consumed. In 1982-83 a total of 732,231 pounds of food were transported to these communities.

### Continuing Education

The Branch fostered continuing education by holding intra-regional meetings to: discuss the progress of programs; discuss problems in service delivery; make changes in procedures and policies; and discuss equipment care and management.

Staff upgrading programs which were held covered: new work techniques; lifesaving techniques such as cardiopulmonary resuscitation; and self-development topics such as preventing burn-out and morale boosting.

### Highlights for 1982-83

- The thrust towards health issues affecting youth continued. Two conferences were held, one open to all persons in northern Saskatchewan and one open to community health workers, covering such issues as adolescent pregnancy and health oriented programs in the community.

- Considerable difficulty was encountered in staffing vacant positions, with solutions being found towards the end of the fiscal year.

- Four new community health workers graduated from training programs and began work in their respective communities.

- All community health workers became employees of their local government councils, forming a much closer link between the two. This system replaces the three-party contract between Health Services, local government councils and the community health workers.

- Some new methods of plumbing inspection were developed to handle Saskatchewan's largest construction project, at Key Lake.

- Emphasis was placed, with good results, in the Shoreline Pollution Control Program, designed to control potential sources of pollution of lakes and rivers.

- Research on northern children's dental health was completed.

- On October 1, 1982 the Health Services Branch of DNS was placed under the direction of the Department of Health.

# Regina and Saskatoon Cities' Health Programs

The health programs in Regina and Saskatoon are under the direction of a Medical Health Officer. In Regina the Medical Health Officer is appointed by the Regina City Council and is responsible to it through a Board of Health. The health program in Saskatoon is the responsibility of the Board of Directors of the Saskatoon Community Health Unit. The Board was appointed by Saskatoon City Council.

A report of public health activities in each of these cities has been provided by the respective departments and is included in this report in an attempt to give a more complete outline of the health services received by approximately 30 per cent of the Province's population.

Each publishes its own annual report containing more details and statistics respecting individual programs. These reports are available from the Regina City Health Department (1910 McIntyre Street, Regina, Saskatchewan S4P 2R3) and the Saskatoon Community Health Unit (350 3rd Avenue North, Saskatoon, Saskatchewan S7K 2C3) respectively.

## Regina City Health Department[1]

Overview

The Regina City Health Department was formally organized in 1912 although health services for the city date back to 1894. The Department operated from City Hall until 1952 when a new Civic Health Centre at 1910 McIntyre Street was formally opened. During 1981, a new branch office officially began operating in the northwestern part of the city.

There has been great expansion in health programs and services over the years. Initially the greatest problems were sanitation and infectious diseases. Today the Health Department is also involved in education aimed at changing lifestyles and promoting more healthful living. A major step foward occurred during 1982 when steps were taken to provide better services to a larger proportion of the native population. This was made possible through a Canada Community Development Project supplemented by City funds. With these funds, native community health worker trainees were hired along with a public health nurse as Project Manager.

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[1] *This description of the Regina City Health Department was provided by Regina City Health. Statistics are reported by calendar year.*

There have been four medical health officers since 1912. Dr. T. Y. Chiao, who has served since 1963, announced in December that he would retire January 31, 1983.

## Maternal and Child Health Division

The staff of this Division consists of the pediatrician, who also has the position of Assistant Medical Health Officer. The pediatrician is responsible for certain direct clinical and telephone advice services to mothers and their children. Consultative services are available to staff members regarding infant, preschool and school age children programs. Advice to private practitioners and other professionals on matters related to immunization, communicable disease control and public health programs are also provided.

Pediatric services continue to be offered in two of the 20 regularly scheduled child health clinics. During 1982, 423 children were examined. Of these, 50 required referral to a private physician or community agency. The age breakdown was as follows: infants — 14; preschoolers — 30; and school age children — 6. Reasons for referrals included the following: infants — orthopedic (7), suspected hearing problem (3), development (1), skin (2) and feeding problem (1); preschool children — speech (11); development/speech/behaviour (8); vision (3), hearing (4) and other miscellaneous; school-age children — ear, nose and throat (2), vision/hearing (3) and skin (1). Advice was given in many cases regardless of need for referral.

Details regarding maternal and child health programs appear in the Nursing Division's report.

## Immunization and Communicable Disease Control

Immunization

Prevention and control of communicable diseases remain a basic concern of the Department and activities in this area are a part of almost every division's duties.

The immunization program was very active with the public health nurses administering 38,440 procedures during 1982 to 23,549 individuals. These were carried out in the following facilities:

| | |
|---|---|
| Central immunization clinic | 12,393 |
| Branch office | 8,891 |
| Child health clinics | 11,563 |
| Schools | 5,593 |

Immunization procedures by age group were as follows:

| | |
|---|---|
| Infants | 14,233 |
| Preschool | 12,143 |
| School | 9,847 |
| Adults | 2,217 |

During 1982, a special effort was made to immunize as many preschool children as possible against rubeola (red measles). Accordingly, all health records were checked and attempts were made by mail and/or telephone to reach those not immunized. About 25 per cent of the notices mailed were returned as 'moved'. Through these intensive efforts, the preschool immunization rate was increased from 82.6 per cent to 86.5 per cent. Once children reached school, 98 per cent of them were immunized.

The Department continues to be the designated yellow fever vaccination centre for southern Saskatchewan. During 1982, 257 doses were administered. In all, 1,900 travellers received this as well as other necessary immunization procedures.

Communicable Disease Control

It is interesting to note that only one case of measles was reported during the year. It is hoped that no cases will occur during 1983.

The increased number of cases of tuberculosis reported in 1981 (21) was not continued in 1982. Only six cases were reported this year.

There were no cases of diphtheria, polio, typhoid or para-typhoid in the city during 1982. However, late in the fall and early December, a dramatic increase was noted in school absenteeism and in reported flu-like illnesses amongst adults as well. Viral cultures revealed Influenza A (Bangkok) to be implicated. Although there were different patterns of illnesses described in the community, a good number of the cases were obviously due to influenza. Fortunately, the incidence was much decreased in January due to a build-up of immunity in the population.

Salmonella infections increased in 1982 while Shigella infections deceased. There were 31 cases of viral meningitis, most of which occurred in July and August. The viruses most commonly identified were Echo 3 and Coxsackie 3.

An increase in reported gonococcal infections occurred in 1982 — 571 in 1982 compared to 507 in 1981. This appears to continue a trend already noted in 1981. This may simply be a statistical aberration but will bear careful watching in 1983 and efforts will be made to provide increased health education in schools and the community.

## Public Health Nursing Division

The Public Health Nursing Division employed 37 nurses this year, serving a population of 165,952. Positions include one nursing director, three assistant directors, 29 community nurses, three nurses whose main focus is immunization and one nurse assigned to the sexually transmitted diseases program and to tuberculosis surveillance throughout the city. The third assistant director's position commenced on July 1, 1982. This represented an overall increase of one position from last year.

New Programs, Projects and Activities

1. A 32-week community outreach project, funded by Employment and Immigration Canada and the City of Regina, began on February 15, 1982. Subsequent extensions of funding carried this project into 1983. The objectives of the project are to promote healthy lifestyles and to enhance the understanding and use of preventive health programs within Regina's native community. The project involved training two lay native women in basic health concepts, who in turn would reach other native people. The position of Project Manager/Trainer was job-shared by two public health nurses. Of the two community health worker trainees, one had completed most of the federal government's Community Health Representative training program prior to joining the project. One trainee left in September to pursue social work and native studies. This vacancy was subsequently filled by a certified community health representative. Enhanced liaison with various native agencies and greater awareness of our programs are two outcomes of this continuing project.

2. Two eight-week programs called 'Enjoying Your Preschooler' were conducted by two public health nurses and a volunteer. The objective was to help mothers relate to and enjoy their preschool children more through a greater understanding of child development and child management. Very positive parent evaluations were received which included statements concerning their improved methods of discipline.

3. An extensive preschooler's red measles (rubeola) campaign was launched in April and completed in late fall. A review was made of the health records of all children born in 1978, 1979 and 1980. Parents of any of these children who were at risk for rubeola disease were contacted by letter, phone or home visit to encourage MMR immunization. Although many responded, approximately 13.5 per cent of this age group remain unprotected. This, however, was an improvement over the 17.4 per cent lacking rubeola immunization at the outset of the program.

4. A prenatal class evaluation was conducted on each class offered throughout the year. Class topics were rated by both mothers and fathers. As well, participants rated their degree of satisfaction with the nurses' presentation, group discussion, exercise practice, film and other visual aids. Suggestions and comments were welcomed. Results showed an extremely high percentage of participants found the material presented was useful to them, whether it was a review or new knowledge. Based on the overall response, there was no indication that any subject matter should be excluded. The nurses' presentation rated most highly on the degree of satisfaction scale. Some desire for increased group discussion was expressed.

Health Education Programs

1. Expectant Parent Programs

Prenatal classes continue to be an important and popular program. During 1982, 470 classes were taught. Participants included 931 mothers (of whom 184 were single), 719 fathers and 69 'coaches'. The number of Regina births in 1982 was 3,033, slightly higher than last year. This means just over 30 per cent of all expectant mothers were reached with a majority being primiparas. Attendance at Early Bird classes continues to be stressed and now accounts for 50 per cent of all couples' classes.

In the school setting, 37 teenagers received counselling regarding pregnancy for a total of 193 visits. As well, the Balfour Tutorial School had 91 students who received an average of ten prenatal classes in addition to their regular school work.

## 2. Parent Education

The need for Adoptive Parent Classes has decreased with the reduced number of babies being placed for adoption. Two series of three classes each were given to 15 mothers and 14 fathers. Three series of the 'Are You An Askable Parent' were presented to 25 mothers and 8 fathers. The two series of 'Enjoying Your Preschooler', referred to earlier in this report, were offered to 16 mothers and their toddlers. One-to-one parent education is also available during child health clinics and home visits.

## 3. Health Education Talks

Talks are given to a variety of community groups on a wide range of health topics. Subjects, including infant and child care, first aid, breast self-examination, family life, burn-out, parenting, sexually transmitted diseases and safety, were presented to such groups as Big Sisters, Women In Need, school principals, Y's Women and foster parents.

| | 1980 | 1981 | 1982 |
|---|---|---|---|
| Health education to the community: | | | |
| Number of sessions | 77 | 106 | 166 |
| Number of persons | 1,340 | 1,963 | 2,305 |

## 4. School Services

Public health nurses spend an average 38 per cent of their time in the city's 114 schools (96 elementary, 14 high and 4 other). Services provided include physical assessment (2,649), first aid (3,005), immunization (5,593), hearing screening (7,909), vision screening (10,579), scoliosis screening (3,001), communicable disease screening (2,560), student counselling (3,039), counselling pregnant teenagers (1st contact — 37, follow-up — 156), parent counselling (3,047) and teacher counselling (3,555). Classroom instruction on health related topics continued to be an important and growing area. Family life, nutrition and first aid were some of the subjects addressed.

| | 1980 | 1981 | 1982 |
|---|---|---|---|
| Classroom instruction: | | | |
| Number of sessions | 202 | 266 | 329 |
| Number of persons | 5,381 | 5,762 | 7,047 |

## 5. Infant and Preschool Services

Child health clinics monitor a child's growth and development, screen for health problems, provide counselling services and perform immunizations.

Total visits made to these clinics numbered 10,137. Of this total, infant visits numbered 5,987, preschoolers made 3,996 visits, and school aged children 154. Immunization was given during 8,360 visits. Clinic locations were reduced by one during the year, leaving 14 throughout the city.

Preschoolers' vision and hearing were assessed at day care centres, nursery schools and at special vision and hearing screening clinics. During the year 1,785 children in the 3-5 year old age group received vision screening resulting in 74 referrals (4.1% of those screened). Essentially, the same children, numbering 1,711, received audiometer screening, with 87 being referred for further assessment (5%).

## Communicable Disease Control

Surveillance, plus free penicillin or sulfadiazine, were provided to persons on the rheumatic fever program. At year end, 65 individuals were on the program, a reduction of 17 from last year.

Tuberculosis notifications were reduced to 175 from last year's figure of 519. Only six cases of tuberculosis were reported, a decrease from last year's total of 21.

The reported incidence of sexually transmitted diseases was 575. Of these, 571 were gonococcal infections and four syphilis. Notifications for contact tracing totalled 291; of these, 242, or 83 per cent, were located and referred for treatment. As well, the nurse assigned to the Sexually

Transmitted Diseases Program gave 27 talks to a total of 376 people during the year.

Home Visiting

Visits to homes numbered 8,325, for an average of 287 per district nurse. Visits accounted for 9,001 hours of time, and were made for the following reasons (more than one reason per visit): infant care (4,354); sudden infant death (25); services to preschoolers (2,141); services to school children (1,102); suspected child abuse (46); services to adults (3,860); services to senior citizens (912); prenatal care (198); postnatal care (3,235); communicable disease surveillance (551); boarding care homes (46); and Saskatchewan Aids to Independent Living (675). Of all visits, 1,344 were made to native families and 176 to refugee families.

Professional Education

Public health nurses acted as field guides to 217 nursing students this year. Staff inservice sessions numbered 27 for a total of 864 hours, an average of 22 hours per staff member. An average of 28 hours per staff member was spent in workshops and seminars outside the department. Subjects included first aid, pregnancy, infectious diseases, adolescence, sexual abuse, parenting, cardio pulmonary resuscitation, ultrasound, Saskatchewan Hearing Aid Plan and others.

## Environmental Health Division

This division has a staff of 11, consisting of eight public health inspectors, one supervisor, one senior public health inspector and one clerk steno. Three of the district public health inspectors were stationed at the branch office. During 1982, this Division received and investigated 1,220 complaints and conducted a total of 11,886 inspections or investigations, orders and consultations.

Table 38, page 59, lists areas of inspection for 1981 and 1982.

During this period, the division took a total of 1,316 water samples of which 177 were from swimming pools. There were 207 plans approved for construction and/or renovation of food establishments. In 1982, 108 dwelling units were

## Table 38. Public Health Inspection Services, Regina City Health Department, 1981 and 1982

| Area of inspections | Number of inspections | |
|---|---|---|
| | 1981 | 1982 |
| **Total** | **10,683** | **11,886** |
| Public eating establishments | 1,906 | 2,043 |
| Food establishments (bakeries, meat and fish markets, grocery and confectionery stores, beverage plants and food wholesalers) | 490 | 531 |
| Food poisoning cases reported and investigated | 34 | 35 |
| Food samples submitted to laboratory | 31 | 40 |
| Dwellings, special care homes, day care centres, various approved homes, boarding care homes, schools, institutions and properties | 2,794 | 2,808 |
| Hotels, motels, apartment blocks and trailer courts | 207 | 230 |
| Recreation areas (swimming pools, parks, playgrounds, arenas, bowling alleys, pool rooms, theatres, halls and clubs) | 373 | 387 |
| Services and trades (laundries, barber shops and beauty parlours, garages and industries) | 161 | 192 |
| Insect and rodent control | 220 | 158 |
| Other investigations | 4,467 | 5,462 |

placarded as unfit for human habitation, 18 houses were demolished, 36 houses were repaired and had the cards removed. At the end of 1982, a total of 16 non-modern premises remained. The Division took 98 actions under Section 195 of The Urban Municipality Act and sent out 20 reports under Section 140 of the same Act. A total of 273 animal bites were investigated in 1982, of which 23 per cent were from dogs at large. A total of 30 health talks and consultations were given to various community groups, students, food handlers and individuals.

Twenty-six public eating establishments closed during 1982, and for the same period there were 30 new openings.

## Nutrition Division

Canada Nutrition Month, March 1982

During the month, nutrition kits were supplied to every Regina high school. As well, the nutritionists discussed nutrition projects, promoting Canada Nutrition Month, with high school principals, physical education instructors, home economics teachers, guidance counsellors and members of the students' representative councils.

Nutrition Education Resources

Nutrition teaching aids were developed for public health nurses. The aids included grocery bag game sets, baby food displays, folders with itemized lists and sample copies of current nutrition handouts for professional and public distribution, lists of audiovisual aids and publications for nutrition education in the schools.

A pilot project, Teen Weight Control, was developed and begun in three Regina schools.

A publication entitled 'Food For The First Year' was developed and printed.

Ten nutrition articles were developed on various subjects for H.I.T.T. Line — a new community information system of telephone tapes.

Several working days were spent evaluating provincial nutrition publications and preparing comments to forward to the provincial nutritionist.

Orientation

Nutrition orientation was provided for several professionals in the health field including seven new public health nurses, two dietetic interns, three community health workers, eight university student nurses, two medical interns and a new provincial health regional nutritionist.

Media

Several appearances were made with the media including:

— AM Magazine (CKCK-TV) — discussing Canada Nutrition Month;

— CKCK-TV — concerning food budgeting and Canada's Food Guide;

— CFMQ Lifestyles — discussing nutritious breakfasts;

— CBC Radio — on good nutrition for Halloween.

Educational Talks to the Community

A total of 63 presentations were made in 1982. These included talks to such groups as Quit For Good, TOPS, the Order of the Eastern Star, the Beta Sigma Phi Sorority, the Teen Health Club, staff at the Pioneer Village Nursing Home, Boys' Cub Pack, residents and staff at Regina Lutheran Home, single mothers with infants at Glen Elm Library and the Scenic Residential Society Home Group. The talks were given at various locations throughout the city including the Regina Plains Community College and the Senior Citizens' Recreation Centres.

## Biostatistics Division

The biostatistician's role in the Regina Health Department is to: collect and maintain a data base useful to the department; evaluate ongoing programs; and help staff research different health areas, thereby assisting the department to set future goals. The biostatistician may directly plan or assist in planning future programs, as well as conducting research into matters involving certain bylaws. The Biostatistics Division administers the Boarding Care Home Bylaw and Quit for Good (a smoking cessation program).

## Separate Annual Report

The Regina City Health Department's annual report can be obtained from the Department at 1910 McIntyre Street, Regina S4P 2R3.

## Saskatoon Community Health Unit[1]

The board of the Saskatoon Community Health Unit entered its second full year of operation in 1982. Dr. V. L. Matthews and Dr. S. Stead provided medical officer services through a contratual agreement between the Board and the Department of Social and Preventive Medicine, University of Saskatchewan. Dr. Matthews was the 1982 recipient of the de Fries award, the highest honour the Canadian Public Health Association can bestow.

The central office moved to a new location during the year, and a portion of the nursing complement moved into the South East Health Centre — the newest of three decentralized offices. The official opening was commemorated with the introduction by the Health Unit of the permanent, client-held Health Record.

A contract was signed between the Board and Saskatchewan Health to enable the Health Unit to take over administration of the Saskatoon clinic for sexually transmitted diseases.

A new position of Program Development Officer was created and filled late in the year. The role of this office is to identify at-risk, hard-to-reach pregnant clients and to devise methods of reaching them.

An administrative review of the Health Unit was carried out by the consulting firm of Peat, Marwick and Partners. Their recommendations included some changes in the physical facility to enhance confidentiality, some revisions in support staff responsibilities and the creation of two new management positions — Supervisor of Vital and Health Statistics, and Business Administrator.

### Nursing Division

The Health Unit's three health centres are each administered by a nursing supervisor. The supervisor oversees the work of community health nurses and health aides. Nursing programs, which are offered to all age groups, are delivered through individual contacts in the health centre, home or school setting, and through group presentations.

The Health Unit offered couples' prenatal education in two health centres and one school. Each prenatal series consisted of six classes. Forty-seven prenatal series were held with 990 expectant mothers and fathers attending.

In 1982, the nursing division assumed responsibility for a singles' prenatal class program previously conducted by the University Hospital. A committee with representatives from the Nursing Division, Nutrition and Health Education Division and High-Risk Program Division developed a manual to assist nurses in working with single pregnant women. One hundred and seventy women were contacted through this program.

A postnatal visiting program was established at the Obstetrical Units of the St. Paul's, City and University Hospitals. Community health nurses made postnatal visits to 2,965 families. The community health nurses provided information, guidance, assessment, teaching and support to family members.

Six hundred and twenty-seven half-day Child Health Conference sessions were held in 1982, with a total attendance of 11,640.

Twenty-eight community health nurses and six health aids provided health services to the students of 76 elementary schools and 12 collegiates. Consultation and assistance were available from officials in the Nutrition, Health Education and Epidemiology Divisions. Services provided included: hearing screening for grades K, 1, and 3; vision screening for grades K, 1, 4, and 8; scoliosis screening for girls in grades 5 and 7; an immunization review and update for all students; and increased classroom health teaching using packages developed by the Saskatoon Community Health Unit and the School Board.

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[1] *This description was provided by Saskatoon Community Health Unit. Statistics are reported by calendar year.*

A community health nurse, whose area has a large population of senior citizens, initiated a visiting program in a senior citizens' high rise. Requests for visits came from self referrals, the Saskatoon Housing Authority and other agencies. Plans for the future include developing group programs.

Community health nurses immunized all children in kindergarten through grade 8 who did not have proof of immunity to red measles. This required a comprehensive review of immunization records.

All health centres provided clinical placements for baccalaureate nursing students from the University of Saskatchewan and for nursing diploma students from the Kelsey Institute.

Field experience provided to students in 1982:

| | |
|---|---|
| Total number of students | 202 |
| Baccalaureate (basic nursing degree) | 114 |
| Baccalaureate (post basic nursing degree) | 24 |
| R.N. (diploma nursing students) | 64 |

## Public Health Inspection Division

The Public Health Inspection Division focuses on protecting the health of the individual by making his community and his environment safer. Through its many areas of involvement, the Division is also responsible for promoting health related values, for preventing injury and disease and for detecting and controlling physical, chemical and biological health hazards.

The following is a list of activities carried out by the Public Health Inspection Division during 1982.

| | |
|---|---|
| Restaurants and other food establishments | 2,016 inspections |
| Commercial accommodation | 327 inspections |
| Swimming, paddling pools and whirlpools | 225 inspections |
| Air pollution program | 104 samples |

In 1982, Health inspection district boundaries were changed providing a more uniform workload for each inspector. These changes were based on an inventory of all routinely inspected establishments.

A computerized data collection and storage system was implemented in 1982. New inspection report forms were designed for this system. As well, a new manual filing system was developed and put into use.

A program testing formaldehyde gas levels in ambient air was carried out. Homes insulated with urea formaldehyde foam insulation (UFFI) and energy efficient homes, without UFFI, were tested.

A level one Swimming Pool Operator's course was conducted. All persons operating public swimming pools were asked to attend the course to ensure their pools were operated by a qualified person, as required by the Swimming Pool Regulations. Seventy-one swimming pool operators from Saskatoon and surrounding areas attended the course.

During the summer of 1982, a medical student was employed jointly by Epidemiology and Public Health Inspection Divisions to work on 'whirlpool folliculitis'.

The major difficulty faced by the Division has been providing services to a growing city with a static complement of inspectors.

## Epidemiology

The goals of the Division are to prevent, reduce or modify the course of disease in the community through disease surveillance, investigation of outbreaks and protection of susceptible persons.

Although there has been no significant change in the number of cases reported, sexually transmitted disease continues to head the list of notifications (533 gonorrhea cases in 1982 vs 537 in 1981, and 7 vs 6 syphilis cases).

Forty-nine cases of salmonellosis were reported in 1982 compared to 25 in 1981. Investigation revealed a likely common source for thirteen of these cases.

The measles elimination program continued in 1982 via an intensive investigation and surveillance initiative. June 1983 was set as the goal date for measles elimination. Twelve cases of measles were reported in 1982.

A field investigator was hired in December 1982 to improve community follow-up of communicable diseases. An inventory control system for biologicals was developed and implemented, as was a disposal system for hazardous and contaminated materials from each health centre and central office clinic.

The central office clinic continued to provide immunization and advice to overseas travellers and to those at special risk. In 1982, 4,236 people were seen.

Educational activities included talks to several organizations on sexually transmitted diseases and lectures in epidemiology to students in the Colleges of Nursing, Medicine, Physical Education and Pharmacy at the University of Saskatchewan.

Plans for the coming year include a locally-operated sexually transmitted disease control program and computerization of some vital statistics and epidemiologic data. The Epidemiology Division continues to be interested in non-infectious community disease problems.

## Nutrition Division

Nutrition Division services are co-ordinated by the nutrition consultant who is responsible for:

— providing inservice education, consultation and resource materials to Health Unit staff;

— developing specialized educational programs designed to meet the health needs of target groups of people in all stages of the life cycle;

— promoting the availability of reliable nutrition information to professional groups in the community and the general public.

Inservice education programs for community health nurses were continued this year. Of the fifteen sessions conducted, the majority were held at the individual health centres. Unit staff were encouraged to integrate nutrition into their programs. The nutritionists provided assistance concerning nutritional health problems and provided teaching ideas for programs in schools, prenatal classes, child health conferences and senior citizen centres.

In 1982, there was a 53 per cent increase in the number of telephone and technical services provided to the general public. The number of requests from professional groups outside the Health Unit staff also increased significantly from thirty-six requests in 1981 to ninety-eight requests in 1982. There continued to be a steady demand from various community groups for nutrition education programs. Priority was given to those groups who were considered to be nutritionally at-risk.

Media programming continued for the fourth consecutive year. The programs focussed on basic nutrition concepts, food safety and sanitation, special nutritional needs during the life cycle and food selection.

The main objective of the Division's education program was to encourage teachers to provide more quality nutrition education in their classrooms. To meet this objective, thirty-two inservice workshops and mini-workshops at the Teachers Institute were held. In response to requests from teachers for information, a kit was developed containing literature, available resources and teaching ideas. The kit was sent to 146 teachers.

Phase two of a pilot intervention program for obese adolescents was continued in 1982. Lesson plans for a ten-week weight control program were developed along with accompanying resources and teaching ideas. This program was then implemented in approximately ten schools in 1982. The program can be implemented by the nutritionist alone or with the co-operation of the community health nurse.

A prenatal assessment form to identify at-risk pregnancies was developed and tested. Individuals assessed at-risk were counselled individually by the community health nurse and/or nutritionist.

To meet the continuing demand for education programs within the community, a lay-leader education program was developed and implemented. Two three-hour workshops were carried out with leaders of church groups and weight control groups. The objective of the program was to equip key individuals within the community with basic knowledge and skills so they may assist in disseminating nutrition information.

One student, enrolled in the Community Nutrition course at the University of Saskatchewan, spent a half a day per week for eight weeks with the nutritionist. Two dietetic interns from University Hospital each spent a half a day with the nutritionist. These field experiences provided practical experience and acquainted students with the role of the community health nutritionist.

## Health Education Division

The goal of the Health Education Division is: to provide information; to motiviate Saskatoon citizens to adopt and maintain healthy practices and lifestyles; and to advocate for environmental changes that enhance health.

Division programs and services include: health promotion; promoting the Unit's programs and services; educational programs for staff; and distributing resource materials.

Staff inservice education programs for 1982 involved twenty-five speakers, speaking on twenty topics such as home and environmental safety, safety for children, women's issues, physical and mental fitness and the various health agencies in Saskatoon.

Consultations to staff, agencies, and the general public increased this year from 445 to 541. Consultation topics included community and health education resources, health education, production of educational materials and health advocacy.

The new Saskatoon Community Health Unit resources and materials developed this year included calling cards, name pins, the 1982 Directory of Services and Immunization Schedule and a card on immunization aftercare. Posters, pamphlets and confirmation cards were also developed for the Singles Childbirth Group Discussion program.

The first Saskatoon Community Health Unit newsletter, *CHAT*, was published promoting the Red Measles Elimination program. The newsletter informed teachers about the program and asked them to assist in identifying possible red measles cases in schools.

Three tobacco smoking education kits were developed for students in grades 5 through 8. The kits, used by teachers in the classroom, inform students about: the ingredients of tobacco and tobacco smoke; the physical effects of tobacco; the decision-making process not to smoke; tobacco advertising; and peer pressure.

A comprehensive lifelong, client-held health record was developed and printed. The records were given to the parents of children born in 1982 and residing in Saskatoon. The first health record was distributed on Canada Health Day at the opening of the South East Health Centre.

Resource centres, containing pamphlets, books, journals, films and slides, were established in each health centre and the main office. New resources were also purchased for programs.

National Non-Smoking Week was promoted and calling cards were developed. The cards were used by consumers to encourage restaurant owners to set up smoking and non-smoking areas. A media campaign was organized for the week. Ex-smokers and health professionals were interviewed on radio and television programs.

A provincial safe graduation two-day workshop was held in Saskatoon, with media coverage organized by the Health Unit. The workshop stressed that a safe graduation required planning, and avoiding the hazards created by driving, drugs, alcohol, water and fires.

Upcoming initiatives include a major program directed at smoking prevention and cessation.

## Office of Program Development

In September 1982, the position of program development officer was initiated. Funding for this position, and a part-time nutritionist, was secured from Saskatchewan Health following submission of a 1979 study of prenatal services. This study was undertaken by the Health Unit. It outlined the target population for prenatal services and demonstrated the need to develop outreach programs aimed specifically at high-risk groups.

A Healthy Mother, Healthy Baby program was developed to improve pregnancy outcome for at-risk target groups. A proposal to hire and train three native women to work in the program was approved and funding for three positions, for a one-year period, began in February 1983.

Contact was initiated with several key individuals and groups in the community, representing twenty agencies and forty individuals. The purpose was to gain support for the Healthy Mother, Healthy Baby program and to facilitate input from consumer groups.

By the close of 1982, the program was still in the preliminary stages but much of the framework was in place and a caseload was beginning to develop. The target population for the program was identified as all single, low income native women who were pregnant and not attending existing prenatal classes. It is hoped that through publicity and close liaison with representative groups, a greater number of these hard-to-reach clients will be identified.

## Research Activities

1. Whirlpool Folliculitis Study

Several local reports of a skin rash caused by pseudomonas and associated with the use of whirlpools and hot tubs prompted a study of the situation in Saskatoon. The study was conducted jointly by the Divisions of Epidemiology and Public Health Inspection. Over 80 per cent of pools tested were found to be contaminated by pseudomonas.

2. Measles Susceptibles Identification

A study of measles-susceptible chldren was begun in 1982 by the Epidemiology Division. The hypothesis was that the siblings and playmates of susceptible children are more likely to be susceptible than would be expected.

3. Evaluation of the School Nutrition Education Program

A formal evaluation of the effectiveness of the nutrition education program was undertaken in 1981. Nutrition services continued to be provided to the experimental schools in the early part of 1982 and a post-test was administered in May and June of 1982. Some of the results of the evaluation were: a significant increase in nutrition knowledge among students; more use of special projects in the classroom; and more coverage of nutrition concepts by teachers.

4. Evaluation of the Training of Staff to Use the Problem-Oriented Nursing Record

The Nursing Division implemented a problem-oriented nursing record in September 1982 to record information on families who were identified as having a number of needs. Appropriate forms and guidelines were developed and an ongoing plan for staff training related to the recording system was developed. An evaluation of the staff training program was initiated in 1982, with a full analysis to be completed by late 1983.

5. A Survey of Formaldehyde Gas in UFFI and Energy Efficient Homes

A survey of Saskatoon homes was completed in1982. It studied the difficulties associated with homes insulated with urea formadehyde foam. There was found to be a greater likelihood of more than .1 ppm formaldehyde gas in energy efficient non-UFFI houses than in houses insulated with UFFI.

All research activities were supported and funded by the Research and Development Committee.

# 3. Hospital, Medical, Dental and Prescription Services

## Saskatchewan Hospital Services Plan

### History

Documents show that a prepaid hospital insurance plan was operating in the Northwest Territories as early as 1889. During the next 58 years many local hospital insurance plans were implemented by municipalities and health regions in Saskatchewan with the Provincial health department involved primarily in the area of hospital standards. The enactment of The Union Hospital Act of 1916 encouraged municipalities too small to finance their own hospital to combine their resources to support one hospital which would serve several municipalities.

These developments were followed by the enactment in 1946 of The Saskatchewan Hospitalization Act, which gave Saskatchewan universal hospital care insurance on a Province-wide basis, effective January 1, 1947.

### Major Responsibilities of the Plan

1. To register residents as beneficiaries of Saskatchewan health programs through the issue of Health Services cards.

2. To fund hospitals at a rate approved by the Plan for health care provided to beneficiaries.

3. To ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service.

4. To authorize the expansion, improvement or addition of programs in hospitals.

5. To provide planning and financial assistance for hospital construction.

Other Responsibilities

1. To arrange, under the terms of The Hospital Revenue Act for municipalities in the Province not subject to taxation for hospital support purposes, contributions equivalent to two mills or more on their equalized municipal tax assessment for subsequent distribution to eligible hospitals.

2. To provide consultative service to:

(a) municipalities in forming new Union Hospital Districts,

(b) Union Hospital Districts in altering the composition of the district, dissolving a district or amalgamating two or more existing districts, and

(c) Union Hospital Boards in conducting the general affairs of Union Hospital Districts.

3. To fund other approved facilities for insured services provided to beneficiaries.

4. To provide a limited custom data processing service to other government agencies.

5. To fund community clinics and to make payments for medical services rendered under an agreement whereby the Saskatchewan Hospital Services Plan acts as an agent for the Saskatchewan Medical Care Insurance Commission.

6. To provide planning and financial assistance for the development and operation of community health and social centres.

7. To make disbursements from the Clinical Services Fund, which funds certain service related areas in the medical education system.

### Major Features of the Plan

Eligibility

New residents entering Saskatchewan from other parts of Canada are provided benefits from the first day of the third month following the date of establishing residence in the Province and registering with the Plan.

Benefits

In-province benefits provided by the Plan include inpatient care at standard ward level in acute care hospitals, outpatient services to the level that individual hospitals and certain approved outpatient facilities are able to provide and physical therapy services provided by facilities which have an agreement with Saskatchewan Health.

There are no restrictions on benefits due to age or pre-existing health conditions.

The Plan also provides benefits for services provided by hospitals elsewhere in Canada, including standard ward care at rates established by the Province in which services are received and payment for outpatient services rendered that are a benefit within Saskatchewan. Authorized charges or utilization fees levied by the Province in which the hospital is located are the responsibility of the individual patient.

Outside Canada payment (Canadian funds) will be made by the Plan for all authorized services provided by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan, based on the average daily charge to a maximum equal to 100% of the average daily rate for Regina and Saskatoon hospitals in the preceding year.

For treatment unavailable in Canada, all fair and reasonable charges plus exchange will be paid provided the treatment was approved by the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcoholism Commission.

Extended Care

Effective July 1, 1981 the Department of Social Services, Continuing Care Division, assumed responsibility for the provision of extended care (Level 4) services in all regional Level 4 facilities, excluding community hospitals. This responsibility will be reassigned to Saskatchewan Health April 1, 1983.

As of March 31, 1983, there were nine regional Level 4 facilities in the Province providing 1,177 beds. General hospitals located in communities without a Level 4 facility are each allowed the option of allocating two beds for Level 4b patients (patients requiring skilled nursing care and specialized techniques to arrest or retard deterioration). As of March 31, 1983, 151 beds were available under this program.

Physical Therapy Services

Privately owned physical therapy facilities that have entered into a contractual agreement with the Minister of Health provide physical therapy services as a benefit of the Plan.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation was established in August 1979 and replaced the Saskatchewan Cancer Commission.

The Foundation maintains two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The Clinics are responsible for the consolidation and co-ordination of the Saskatchewan cancer program. In 1982-83 the Saskatchewan Hospital Services Plan administered an appropriation of $11,825,000 for cancer services.

The Foundation publishes its own annual report, which is available from the Saskatchewan Cancer Foundation, Suite 400, 2631 28th Ave., Regina, S4S 6X3.

Community Clinics

During 1982-83 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. These facilities are consumer-oriented clinics operated by co-operative health associations and their elected board of directors and offer a wide range of health services. The board enters into agreements with general physicians and specialists for the provision of medical services. The association provides facilities and equipment required to operate the clinic. The operating budgets of the clinics are provided by the Plan.

Community Health and Social Centres

As of March 31, 1983 eleven community health and social centres were in operation in the centres of Delisle, Hodgeville, Leroy, Maryfield, Mossbank, Neudorf, Quill Lake, Raymore, Strasbourg, Willow Bunch and Zenon Park.

These facilities receive funding from both Saskatchewan Health and Saskatchewan Social Services. The basic components of their program are:

(a) outpatient diagnostic and treatment services based on a regular visiting physician service,

(b) an on-call nurse to provide 24-hour emergency service,

(c) a home care program,

(d) a social activity program primarily for elderly people, and

(e) regional social services.

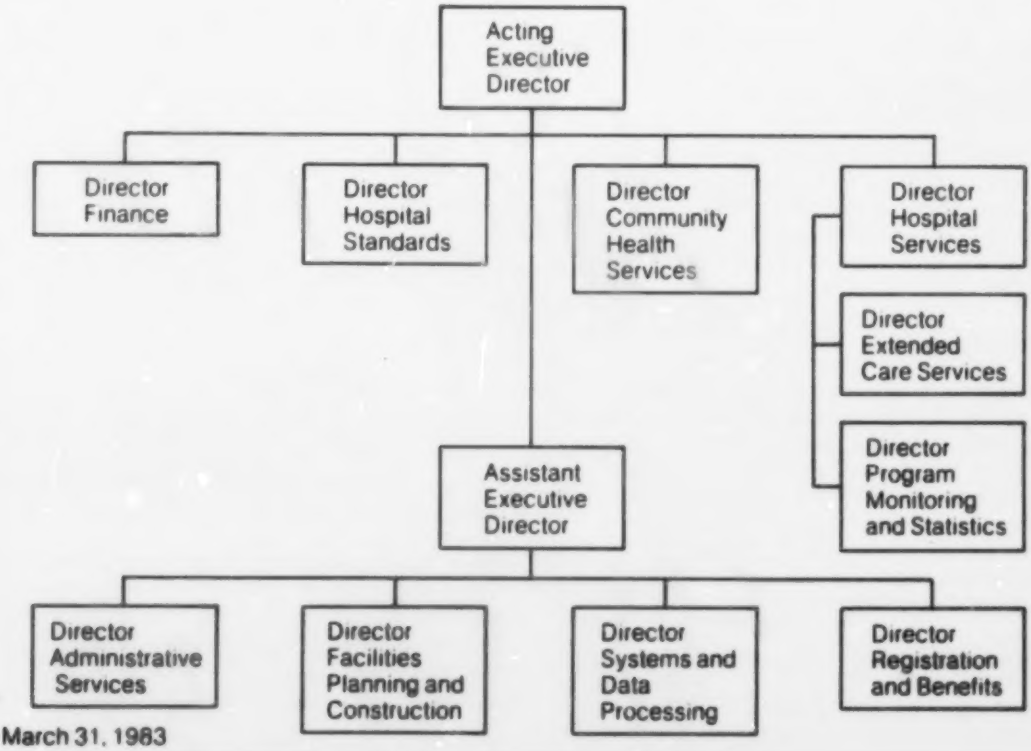
### Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund, administered by the Ministers' Advisory Committee on Service Funding. The Committee is appointed by the Ministers of Health and Continuing Education and includes representatives of Saskatchewan Health, Saskatchewan Continuing Education, Saskatchewan Finance and the Saskatchewan Universities Commission.

The Clinical Services Fund finances postgraduate education of interns and residents. It also funds the service component of the salaries of certain faculty members of the College of Medicine and some other service-related projects associated with medical education.

In 1982-83 the Saskatchewan Hospital Services Plan disbursed $9,174,609 from the Clinical Services Fund.

**Figure 8. Organization of Saskatchewan Hospital Services Plan**


Acting Executive Director
Director Finance
Director Hospital Standards
Director Community Health Services
Director Hospital Services
Director Extended Care Services
Director Program Monitoring and Statistics
Assistant Executive Director
Director Administrative Services
Director Facilities Planning and Construction
Director Systems and Data Processing
Director Registration and Benefits

March 31, 1983

### Highlights for 1982-83

Mr. G. H. Loewen, Executive Director, was appointed as Acting Associate Deputy Minister

Mr. W. F. Roger, Associate Executive Director, was appointed Acting Executive Director.

An Apnea Monitor Rental program for parents of infants with breathing problems was approved at the Regina General and Saskatoon University Hospitals.

A Neonatal Development Assessment Clinic was developed at the Regina General to provide for follow up assessment services for children discharged from the Neonatal Intensive Care Unit.

Improved funding for Cardiac Diagnostic Services was provided to the Plains Health Centre in Regina.

A revised Construction Grant Formula was introduced with provisions for significant increase in Provincial contributions to hospitals in all size groups. A cost-protection feature was incorporated to limit local cost implications, particularly on larger projects.

A renovated Allan Blair Memorial Cancer Clinic was opened in Regina in 1982.

During 1982-83 staffing standards for 77 hospitals participating in the Level 4b program were enriched by 50%.

### Separate Annual Report

The Saskatchewan Hospital Services Plan (SHSP) publishes a separate annual report. This report provides details of the Plan together with statistical and financial data. Copies are available from the Executive Director, Saskatchewan Hospital Services Plan, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

# Saskatchewan Medical Care Insurance Plan

### Introduction

The Saskatchewan Medical Care Insurance Plan is responsible for the provision of a wide range of medical benefits to residents of the Province. The Plan was inaugurated on July 1, 1962 and operates under the authority of The Saskatchewan Medical Care Insurance Act, 1961.

### Administration

The Plan is administered by a Commission consisting of a minimum of seven and a maximum of eleven members appointed by the Lieutenant Governor-in-Council. Two of the Commissioners are nominated by the Saskatchewan Medical Association and one by the Dean of Medicine, University of Saskatchewan. The remaining Commission members represent many disciplines and areas of residence.

### Responsibilities

Regulatory powers are divided between the Lieutenant Governor-in-Council and Commission on the following basis:

1. Lieutenant Governor-in-Council Powers

— all issues pertaining to the nature and range of benefits administered by the Plan, as well as those matters having fiscal implications.

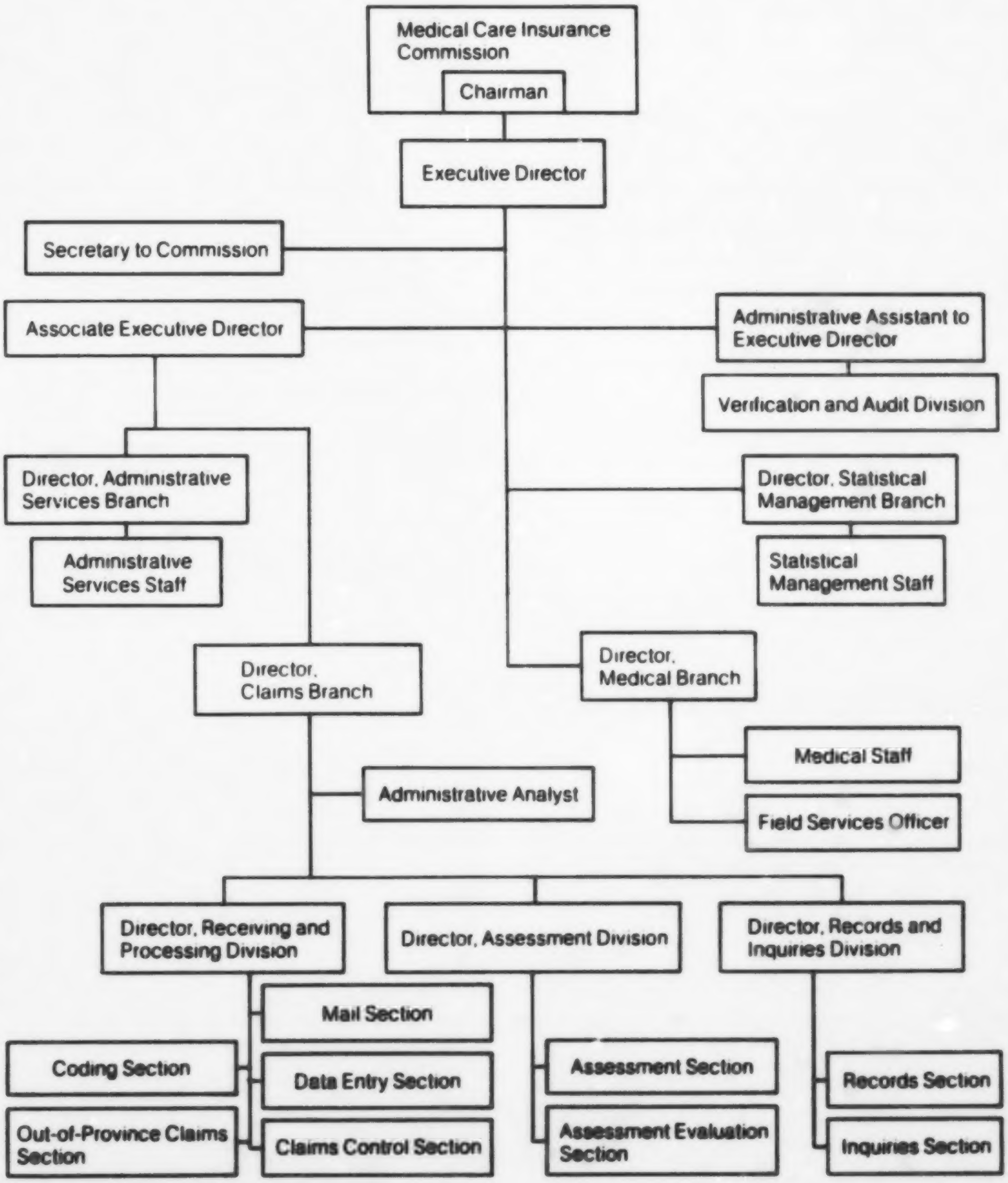
The Lieutenant Governor-in-Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

2. Commission Powers

— all matters governing arrangements to pay for insured services, rates of payment to providers of services, methods of payment and assessment of accounts.

Before making any regulations altering the general rates of payment for physician-insured services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Figure 9. Organization of Saskatchewan Medical Care Insurance Commission


Medical Care Insurance Commission
Chairman
Executive Director
Secretary to Commission
Associate Executive Director
Administrative Assistant to Executive Director
Verification and Audit Division
Director, Administrative Services Branch
Administrative Services Staff
Director, Statistical Management Branch
Statistical Management Staff
Director, Claims Branch
Director, Medical Branch
Medical Staff
Field Services Officer
Administrative Analyst
Director, Receiving and Processing Division
Director, Assessment Division
Director, Records and Inquiries Division
Mail Section
Coding Section
Data Entry Section
Out-of-Province Claims Section
Claims Control Section
Assessment Section
Assessment Evaluation Section
Records Section
Inquiries Section

March 31, 1983

### Major Features of the Plan

Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied. Persons may register by contacting the Saskatchewan Hospital Services Plan or secretaries of towns, villages and rural municipalities.

New residents to Saskatchewan are required to register for, and are provided with, benefits from the first day of the third calendar month following the date they establish residence in the Province.

Special residents such as landed immigrants and discharged members of the Canadian Forces who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive benefits from the date they establish residence in Saskatchewan.

Residents who are members of the Canadian Forces or the Royal Canadian Mounted Police and the inmates of federal penitentiaries are not eligible for benefits under the Plan. They are entitled to receive medical care under federal government programs.

A beneficiary is entitled to receive benefits, generally at Saskatchewan rates, for most insured services provided anywhere in the world. Payment for physician services is made on the basis of 100 per cent of the Commission's Payment Schedule and in accordance with its assessment rules. Changes to the Payment Schedule involving revisions to service items, benefit rate increases and assessment rule amendments are made progressively throughout the year, following monthly meetings held between representatives of the Commission and the Saskatchewan Medical Association.

For services provided by optometrists, chiropractors and dentists, payment is made at rates agreed to in negotiations between the respective professional organization and the Commission.

### Separate Annual Report

The Medical Care Insurance Commission publishes a separate annual report. This report and information booklets may be obtained by writing to the Commission Secretary, Medical Care Insurance Commission, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

## Saskatchewan Dental Plan

### History

Prior to 1945, no major government programs were established in Saskatchewan in the area of public dental health. In 1945, the newly formed Swift Current Health Region implemented a dental care program for children up to age 12. The second major initiative occurred in 1948 with the creation of the Dental Health Division of the Regional Health Services Branch, Department of Public Health. In 1965, dental hygienists and dental assistants were employed, with financial support from National Health Grant funds, to provide certain preventive services in selected areas of Saskatchewan. In 1967 a limited dental services program for children up to 16 years of age was initiated in northern Saskatchewan.

On September 1, 1970, a demonstration project to provide comprehensive dental care to children up to age 12 was initiated in the Oxbow School Unit in southeast Saskatchewan. The goal of the program was to assess the feasibility of using dental auxiliary personnel (dental nurses and dental assistants) to provide dental services to school children. A mobile dental clinic, staffed by one dentist, two dental nurses, three dental assistants and one secretary, provided services to four larger communities in the area. This project lasted for three years and demonstrated that high quality care could be provided by a program making use of dental auxiliary personnel. On the basis of the successful Oxbow project, the Government of Saskatchewan announced, in March 1972, a Province-wide, school-based dental program to provide comprehensive dental care to children between the ages of 3 and 12.

In the fall of 1972, in preparation for the introduction of this program, the government instituted a two-year educational program for dental nurses at the Wascana Institute of Applied Arts and Sciences, Regina. It was intended that the dental nurses, supported by dental assistants and under the supervision of a dentist, would provide the services of the Dental Plan by performing those duties conducted previously by dentists. The Saskatchewan Dental Nurses Board was established, under the provisions of the Saskatchewan Dental Nurses' Act, to formulate and to maintain rules for the licensing of dental nurses and to set standards of professional conduct.

Effective April 1, 1974, the Dental Health Division of the Regional Health Services Branch was reorganized and became an agency of Saskatchewan Health. On that date the Division became known as the Saskatchewan Dental Plan. The Dental Plan was charged with responsibility for administering the new dental care program.

The program commenced in September 1974, and children have been enrolled in the following manner:

| Enrollment date | Date of birth |
|---|---|
| September, 1974 | 1968 |
| September, 1975 | 1969, 1970 |
| September, 1976 | 1967, 1971 |
| September, 1977 | 1972 |
| February, 1978 | 1973 |
| September, 1978 | 1966, 1974 |
| September, 1979 | 1975 |
| September, 1980 | 1976 |
| September, 1981 | 1977 |

In April 1980, an independent review of the Saskatchewan Dental Plan was commissioned by Saskatchewan Health. Arrangements were made for Dr. D. W. Lewis, Professor and Head of Community Dentistry, University of Toronto, to conduct a thorough statistical evaluation of the first six years of operation of the Saskatchewan Dental Plan.

The major findings of this evaluation were:

1. Approximately 90 per cent of children in Saskatchewan receive annual dental services. The Provincial utilization rate is one of the highest of any province or state in North America.

2. The overall enrollment in the Plan has been high, averaging 83 per cent of eligible children after the initial start-up year.

3. Annual cost per enrolled child has dropped dramatically. These economies have been attained without reduction in levels of quality, service or utilization.

4. A sample survey of 600 parents indicated overwhelming support for the Plan.

5. The incidence of dental disease is being reduced as a result of services offered by the Plan.

On July 1, 1981, The Saskatchewan Dental Nurses' Act was abolished and replaced by The Dental Therapists' Act. The Act provided for the following new measures — the establishment of the Saskatchewan Dental Therapists' Association, the replacement of the Saskatchewan Dental Nurses' Board by the Saskatchewan Dental Therapists' Council and the change of the name dental nurse to dental therapist.

Initially, dental services in the Swift Current Health Region were provided on behalf of the Saskatchewan Dental Plan by the Swift Current Regional Board. The Swift Current Dental Program was subsequently amended in 1975 and by 1981 only four age groups of children remained in the program. Negotiations to transfer the responsibilities of the Swift Current Health Region Dental Program to the Saskatchewan Dental Plan were completed on September 1, 1981.

Children enrolled in the Saskatchewan Dental Plan have been receiving dental care primarily in school dental clinics. However, upon leaving school these persons will be responsible for their own dental health and will need to seek care from a dentist in general practice. A bridging program has been developed in cooperation with the College of Dental Surgeons of Saskatchewan to encourage young people to make this transition. The program, which commenced September 1, 1981, provides for a number of children 14 years and over, who are enrolled in the Dental Plan, to receive care in private dental offices. The Dental Plan pays the College of Dental Surgeons of Saskatchewan a fixed amount for each Dental Plan adolescent treated by private practice dentists. The College then pays the dentist for the services he provides.

## Organization

The Saskatchewan Dental Plan consists of a central office in Regina and six regional offices. Each regional office consists of an administrator, clerical staff, supervising dentists, dental therapists, dental assistants and dental equipment technicians.

## Responsibilities

The major responsibility of the Saskatchewan Dental Plan is to improve the level of dental health of eligible children. Under the authority of The Dental Care Act, the Saskatchewan Dental Plan is achieving this goal by providing basic clinical treatment services and by teaching personal oral hygiene techniques.

Other Responsibilities

1. To provide consultant dental health services to other agencies such as Community Health Services Branch, Medical Care Insurance Commission, Northern Health Services Branch and the Federal Government.

2. To arrange for the provision of dental services in the Provincial Correctional Centres on behalf of the Departments of Health and Social Services.

3. To administer dental benefits for social assistance recipients on behalf of Medical Services Division. In this capacity the Dental Plan: reviews requests for prior approvals; assesses standard dental claim forms; summarizes unusual claims for review by the Dental Advisory Board; and processes approved claims for payment.

## Highlights

- Children born in 1978 became eligible for enrollment in the Saskatchewan Dental Plan on September 1, 1983, with benefits available to children born in the years 1967 - 1978 inclusive.

- As of March 31, 1983:

  – 158,795 children were enrolled in the program and were under treatment;

  – approximately 24,000 adolescents were assigned to receive dental care from general practitioners;

  – percentage of adolescents treated by general practitioners at March 31, 1983, by year of birth:

| | |
|---|---|
| 1966 | 72.8% |
| 1967 | 54.0% |
| 1968 | 48.0% |

- The average cost per child for dental services provided during the 1981-82 school year was $87.68.

## Separate Annual Report

Copies of program year reports (September 1 to August 31) for 1974-75 and subsequent years are available from the Executive Director, Saskatchewan Dental Plan, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

A September 1 to August 31 reporting period is used because dental care is delivered through clinics set up in schools. Consequently, the service year is more closely related to the school year than the fiscal year.

# Tuberculosis Program

## History

The Saskatchewan Anti-Tuberculosis League, incorporated by Provincial Statute in 1911, is responsible for the treatment and prevention of tuberculosis in the Province. Under the auspices of the League, a variety of community and institutional programs have been initiated to provide for the early detection and treatment of tuberculosis patients.

Commencing in the 1950's, however, and as a result of early diagnosis and the availability of advanced chemotherapy programs, a decline in the need for special tuberculosis facilities was evident. During the course of the next three decades, these facilities were converted for use by government and other health agencies.

The League continues to supervise tuberculosis treatment programs at outpatient clinics, acting in consultation with family physicians. Tuberculosis clinics are operated in selected centres on an ongoing basis and are staffed by League physicians. A tuberculosis laboratory is maintained in Saskatoon and the central patient registry and headquarters are situated in Fort San.

## Incidence of Tuberculosis

In 1982, there were 91 new active cases of tuberculosis diagnosed in the Province. This represents a decline of 5 cases from the previous year. The 91 new active cases consisted of 44 Registered Indians and 52 cases from other ethnic groups (Caucasians, Metis, Asians, etc.). The following Table shows the new active cases by age group and ethnic origin for the year 1982.

## Table 39. New Active Cases of Tuberculosis by Age Group, Saskatchewan, 1982

| Ethnic origin | Age group<br>Total | 0-4 | 5-9 | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | **91** | **11** | **6** | **19** | **9** | **8** | **10** | **13** | **9** | **6** |
| Caucasian | 24 | 2 | — | 2 | 3 | 2 | 2 | 4 | 5 | 4 |
| Registered Indian | 44 | 6 | 6 | 13 | 2 | 2 | 6 | 4 | 4 | 1 |
| Metis | 15 | 3 | — | 3 | 2 | 2 | 1 | 3 | — | 1 |
| Other | 8 | — | — | 1 | 2 | 2 | 1 | 2 | — | — |

The age distribution of the new active cases is similar to that of previous years. The majority of new active Caucasian patients (54%) are 50 years of age or older. In the Registered Indian and Metis group of patients, the majority of new active cases (61% and 53% respectively) are 30 years of age or younger.

The following Table shows, for selected years, the case rate per 100,000 for new active cases among the Registered Indians and all other groups. In the Table, the "all other groups" category includes, for example, Caucasians, Metis, Asians and Chinese.

## Table 40. Number New Active Cases and Case Rate Per 100,000, Saskatchewan, 1975, 1980, 1981 and 1982

| | Registered Indian | | All other groups | | Combined | |
|---|---|---|---|---|---|---|
| Year | # New active | Case rate per 100,000 | # New active | Case rate per 100,000 | # New active | Case rate per 100,000 |
| 1975 | 69 | 178.2 | 73 | 8.2 | 142 | 15.2 |
| 1980 | 48 | 112.95 | 71 | 7.55 | 119 | 12.11 |
| 1981 | 40 | 91.6 | 56 | 5.9 | 96 | 9.7 |
| 1982 | 44 | 97.7 | 47 | 4.9 | 91 | 9.09 |

In addition to the new active cases, there were 19 patients that required treatment due to reactivation of their disease — 11 Registered Indians and 8 others. Two deaths were attributed to tuberculosis in 1982.

## Preventive Programs

During 1982, special tuberculin surveys were carried out at a variety of locations in the Province. A total of 529 persons were tested and during these surveys 179 persons were vaccinated with the BCG vaccine.

The School Spot Tuberculin Check was carried out in Regina and Saskatoon schools. A total of 10,128 students and adults were tested. This represents an increase of 555 persons from the previous year.

## Outpatient Clinics

The League operates regular clinics at Regina, Saskatoon and Fort San. In addition, visiting clinics are held at Moose Jaw, Swift Current, Loon Lake, North Battleford and Prince Albert. During 1982, a total of 3,531 examinations were carried out. This compares to 4,379 in 1981. The types of patients seen at the clinics included new and review contacts, former tuberculosis patients, patients on home treatment for active tuberculosis, patients on preventive chemotherapy and patients referred to the clinics by private practitioners.

In addition, the clinic staff interpret and report on x-rays mailed to the clinics by hospitals or as requested by the League. During the year, a total of 4,128 x-rays were processed by the staff.

The number of patients on chemotherapy at year end was 376. Of these, 155 persons were being treated for tuberculosis and 221 were receiving chemoprophylaxis.

## Contact Program

The Contact Program is one of the most important programs for the detection of new active cases of tuberculosis. Each year as new active cases are detected, the League requests that a public health nurse interview the new patient and obtain a list of persons with whom he or she has been in contact during the previous six months. The list is submitted to the League and is then checked against the League's Central Registry. Further investigation is conducted by requesting the contact to attend one of the League clinics or to report to the family physician.

During the year, a total of 918 new contacts and 1,422 former contacts were examined either by the League or at the request of the League. Of the new contacts, 16 active cases were found and 137 persons were placed on chemoprophylaxis. Concerning the former contacts, it is the practice to follow contacts with a positive tuberculin reaction for a period of 5 to 7 years unless these persons were given a course of anti-tuberculosis chemoprophylaxis. Among the group of Review Contacts a total of 22 cases of tuberculosis were found.

## Additional Programs

During 1982, a total of 138 new Southeast Asian refugees were screened by the League. This compares with 357 persons examined in the previous year. Two persons were admitted to Canada with active tuberculosis and one person developed active tuberculosis after admission to Saskatchewan. A total of 27 persons were placed on chemoprophylaxis.

An x-ray survey was conducted on 12 Indian Reserves. A total of 3,389 x-rays were taken and the interpretation and reports were performed by League physicians. Nine active cases of tuberculosis were found.

In total, 8 new cases of tuberculosis and 2 reactivated cases were diagnosed in the Fort Qu'Appelle zone. The Prince Albert zone reported 32 new cases of tuberculosis and 7 reactivated cases. In the North Battleford zone, 2 new active and 2 reactivated cases were found and the Battlefords Indian Health Centre reported 2 new active cases.

## Education and Research

The League provides funds for the Respiratory Medicine section and the pulmonary research laboratory at the University Hospital in Saskatoon. League contributions support research and teaching in respiratory diseases. This includes teaching at the undergraduate and graduate level and at seminars at various District Medical Societies.

The Saskatchewan Lung Association, a division of the League, in cooperation with the medical staff and administration of regional hospitals and with the help of the Associated Canadian Travellers, has been able to develop capabilities in respiratory medicine in the regional hospitals. Training grants are made available to the hospitals for their respiratory team members. Support is also being given to the Division of Continuing Medical Education and Continuing Nursing Education programs carried on by the University of Saskatchewan. Educational material on respiratory diseases, including tuberculosis, is widely distributed throughout the Province to physicians, hospitals, health regions, schools and individuals upon request.

Joint collaborative studies with the Repiratory Medicine section have been undertaken, enabling the Lung Association to participate in pulmonary studies of entire communities as well as particular occupational groups. The Association funds research in asthma,cystic fibrosis, emphysema and occupational health. This work is being carried out by researchers in the section.

The American Lung Association's "Freedom from Smoking in 20 Days", a self-help smoking cessation program, has been made available to sister associations in Canada. The Saskatchewan Lung Association and CKBI, Prince Albert recorded a 'first' when they aired the "Freedom from Smoking" program, in January and February of 1982. CK-TV and CFMQ-FM, Regina and CBKST-TV, Saskatoon presented the program early in 1983. The Association plans to have the program made available to radio stations in the smaller centres as well as offering it for repeat presentation in the larger centres. With the proven ability of the media to reach a wide audience and enroll a large number of persons in the program, "Freedom from Smoking in 20 Days" is making a very real contribution to the prevention of lung cancer and emphysema.

The Saskatchewan Lung Association actively supports the Saskatchewan Interagency Council on Smoking and Health and the Committee of Concerned Citizens. It also supports research which is distributed nationally by a committee of the Canadian Lung Association. The Association publishes a widely circulated Quarterly News Bulletin.

Saskatchewan Health provides funds for the operation of the outpatient clinics, Central Tuberculosis Registry and the Mycrobacteriology Laboratory. In 1982, the cost to the government for these various programs amounted to $755,214.

The various programs of the Lung Association, including education, research and community programs, were carried out at a cost of $591,093. These programs are financed by the League through funds raised by the sale of Christmas Seals, donations from the Associated Canadian Travellers and interest from an Endowment Fund.

### Separate Annual Report

For information and a full report of the medical services provided by the League and additional programs supported by the Saskatchewan Lung Association, which is a subsidiary of the League, contact the Executive Director, Saskatchewan Anti-Tuberculosis League, Fort San, Saskatchewan S0G 1T0.

# Saskatchewan Prescription Drug Plan

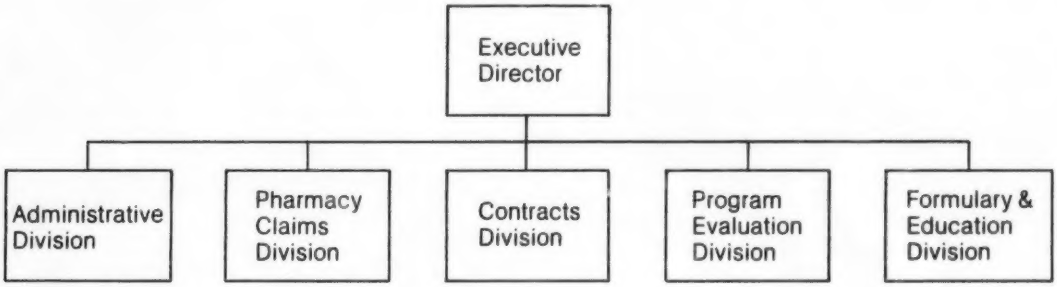
## History

In 1961, the Royal Commission on Health Services, under Chairman Chief Justice Emmett M. Hall, recommended that a prescription drug program be instituted in Canada. The Commission expressed concern about pricing methods of the drug industry, the high cost of new drug products and the availability of drugs to all Canadians. In Saskatchewan, two separate studies reinforced the need for the establishment of a drug plan. In 1966, the Department of Public Health, in cooperation with the Saskatchewan Pharmaceutical Association, studied the cost of prescription drugs in Weyburn. This study demonstrated that the distribution of drug costs was uneven across the population of that city. One-half of all drug expenditures were borne by ten per cent of families in that particular area. A second study, completed in 1973, found a large variation in prescription prices in Saskatchewan. The report also presented evidence of substantial savings on drugs by the use of a formulary and bulk purchasing.

The Prescription Drugs Act was introduced to the Saskatchewan Legislature on April 17, 1974. The Prescription Drug Plan came into effect on September 1, 1975.

## Organization

Figure 10. Organization of the Prescription Drug Plan



March 31, 1983

## Objectives

The objectives of the Prescription Drug Plan are to:

- Reduce the direct cost of prescription drugs to Saskatchewan residents.
- Provide coverage of high quality therapeutically effective drugs.
- Reduce the cost of drug materials through quantity discounts and effective price competition.
- Encourage the rational use of prescription drugs.

## Major Features

### Eligibility

All Saskatchewan residents with a valid Health Services Card are eligible for coverage under the Drug Plan with the exception of those individuals who have prescription costs paid by other federal and provincial government agencies.

### Consumer Cost

As of January 1, 1983, Saskatchewan residents pay a maximum of $3.75 for each prescription for drugs covered by the Prescription Drug Plan. The balance of the dispensing fee and the full cost of drug material is paid by the Drug Plan to the dispensing pharmacy.

### Prescription Requirements

A prescription order written by a physician or dentist is required for all drugs covered by the Drug Plan except for insulin and urine-testing agents used by diabetics.

### Drug Coverage

All drugs listed in the Saskatchewan Formulary are covered by the Prescription Drug Plan. The Saskatchewan Formulary is a list of over 1,500 drug products. These products are considered to be high quality, valid therapeutic agents necessary for the diagnosis, prevention or treatment of mental and physical disorders. The Saskatchewan Formulary has been developed by the members of the Saskatchewan Formulary Committee. The Committee is comprised of physicians, pharmacists, pharmacologists and nurses appointed by the Minister of Health. In addition, the Drug Quality Assessment Committee, a sub-committee of the Saskatchewan Formulary Committee, inspects prescription drug manufacturing plants to ensure that drug products are of an acceptable quality and evaluates the therapeutic effectiveness of the respective drugs. The Formulary is updated on January 1 and July 1 of each year.

Non-formulary drugs may be approved for coverage in certain circumstances under the "exception drug status" provision. A physician may apply to the Prescription Drug Plan for a drug to be covered under "exception drug status" if one of the following criteria has been met:

(a) The drug is ordinarily administered to hospital inpatients but is prescribed to a non-hospitalized patient because of unusual circumstances.

(b) The drug is not ordinarily prescribed or administered in Saskatchewan, but is being prescribed because the drug is required in the diagnosis or treatment of a patient with an illness, disability or condition found rarely in this province.

(c) The drug is used infrequently, but preparations included in the formulary are contraindicated or found to be ineffective because of the particular clinical condition of the patient.

(d) The drug is a therapeutically effective over-the-counter (OTC) product normally available without prescription at reasonable cost but is required in a large quantity or for an extended period of time.

A separate request from a physician is required for each patient.

### Out-of-Province

The Prescription Drug Plan pays only for drugs purchased from Saskatchewan pharmacies or from participating pharmacies located in certain Alberta and Manitoba communities bordering Saskatchewan.

### Special Coverage

Certain categories of beneficiaries are entitled to Prescription Drug Plan benefits without paying the normal prescription charge:

(a) All Saskatchewan Assistance Plan recipients are entitled to receive the following drugs without charge: insulin, oral hypoglycemics, injectable vitamin $B_{12}$, and oral contraceptives. In addition, allergenic extracts and products used in megavitamin therapy are paid by Saskatchewan Health, Medical Services Division.

(b) Saskatchewan Assistance Plan beneficiaries who are nominated on the basis of drug need and persons 18 years of age or under who are dependents of Saskatchewan Assistance Plan beneficiaries are entitled to obtain all drugs listed in the Saskatchewan Formulary without charge.

(c) Saskatchewan Assistance Plan recipients in nursing homes and in approved homes are entitled to obtain all drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Medical Services Division.

(d) Cystic fibrosis patients, paraplegics and chronic renal disease patients receive all disease-related drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Aids to Independent Living.

### Joint Committee on Drug Utilization

The Joint Committee on Drug Utilization is responsible for conducting studies and identifying areas of concern related to drug utilization. The Committee makes recommendations to the Minister and to various health professional and regulatory bodies. It also provides information for use in education programs directed toward the general public and toward health professionals. The Committee is appointed by the Minister of Health and is composed of representatives from the Colleges of Medicine and Pharmacy of the University of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association, the Saskatchewan Pharmaceutical Association and the Prescription Drug Plan.

### Product Interchangeability

Under the Prescription Drug Plan, pharmacists are expected to substitute lower priced products of equal quality in interchangeable drug categories in order to reduce the cost of the drug material. If a physician believes that a particular brand of drug is necessary for a particular patient, he or she must indicate "no substitution" on the prescription order. The pharmacist will then dispense the brand of drug specified by the physician.

### Acquisition and Distribution of Drug Materials

The Drug Plan is not directly engaged in the purchase and distribution of drug products to pharmacies. This function is carried out by existing manufacturers, warehouse operators and wholesalers.

The prices listed in the Saskatchewan Formulary are determined through two methods: Standing Offer Contracts and Maximum Allowable Cost.

1. Standing Offer Contract (S.O.C.)

An S.O.C. is a contract between a manufacturer and the Drug Plan to supply certain drug products to approved wholesalers and warehouse operators at a contracted price. The wholesalers and warehouse operators, in turn, distribute the drugs to pharmacies.

The Saskatchewan Formulary Committee approves suppliers of particular drugs. All approved suppliers of that drug are invited to bid on a tender. An S.O.C. is usually awarded to the supplier(s) who tender the lowest price.

In some cases, Standing Offer Contracts are used to obtain quantity discounts for drug products which are supplied by a single manufacturer.

2. Maximum Allowable Cost (M.A.C.)

The M.A.C. method is used where the volume required of a particular drug is not sufficient to establish a Standing Offer Contract. Drug manufacturers must provide guaranteed maximum prices for each drug they have listed in the Saskatchewan Formulary. When a drug is listed in an interchangeable category, the Drug Plan will reimburse the pharmacy for its acquisition cost up to the lowest guaranteed price in the Saskatchewan Formulary for drugs in that interchangeable category.

Through its formulary system and drug acquisition policy, the Prescription Drug Plan has substantially reduced the costs of drug materials. As a result, Saskatchewan has achieved highly competitive drug prices.

### Diabetic Policy

Diabetics do not require a physician's prescription to obtain insulin and urine-testing agents as benefits under the Prescription Drug Plan. A diabetic pays a maximum prescription charge of $1.00 for each package of insulin or urine-testing agent.

### Oxygen Policy

Medical gaseous oxygen must be prescribed in order to be a benefit under the Drug Plan and may be obtained from any Saskatchewan distributor of medical oxygen. The Prescription Drug Plan pays for the cost of the oxygen plus the transportation cost to a local distributor. The patient pays local transportation costs and the cost of the cylinder demurrage.

### Nutritional Supplements Policy

Certain nutritional products may be covered by the Prescription Drug Plan on "exception drug status" when certain disease states do not permit the utilization of food. The request for coverage must be made by the prescribing physician. If coverage is approved, the Prescription Drug Plan will reimburse the patient for 70% of the nutritional supplement cost in excess of the first $100.

### Auxiliary Services

The Prescription Drug Plan does not cover the cost of deliveries, mailing and after hour drug services. The pharmacist may charge the customer for these services at his or her discretion.

## Participating Pharmacies

As of March 31, 1983, 351 pharmacies were participating in the Prescription Drug Plan:

| **Total** | **351** |
|---|---|
| In-province | 299 |
| Dispensing doctors | 18 |
| Out-of-province | 34 |

### Separate Annual Report

The Saskatchewan Prescription Drug Plan will publish an Annual Report for the fiscal year 1982-83. It will be available from the Executive Director, Saskatchewan Prescription Drug Plan, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

# Saskatchewan Alcoholism Commission

### History

The Bureau on Alcoholism, which preceded the Saskatchewan Alcoholism Commission, was established in 1953 under the administration of the Department of Social Welfare and Rehabilitation. Reflecting a growing perception of alcoholism as a health problem with social implications, responsibility for the Bureau was shifted to the Department of Public Health during the 1965-66 fiscal year. In July 1967, the Culliton Report (Report of the Special Committee on Alcoholism to the Minister of Public Health) recommended the establishment of a commission on alcoholism and, as a result of this report, The Alcoholism Commission of Saskatchewan Act was passed in 1968.

### Historical Developments

1969 — funding of Myers House, Regina (a residence for clients attending the Regina Rehabilitation Centre) and Hope Haven, Saskatoon (a halfway house which is now called Crysler Residence).

1972 — establishment of Calder Rehabilitation Centre, Saskatoon. Initial funding was established for the following programs: Native Alcohol Council Rehabilitation Centre (N.A.C.) in Prince Albert; the Core Fieldwork Program (a community service program aimed to provide education, assessment, referral and follow-up services to Saskatchewan Natives); a detoxication program in Saskatoon (Larson House).

1973 — establishment of N.A.C. Rehabilitation Centre, Saskatoon.

1974 — community Services Division established and establishment of N.A.C. Rehabilitation Centre, Regina.

1975 — funding of detoxication centres in Moose Jaw (Angus Campbell Centre), Lloydminster (Thorpe Recovery Centre) and establishment of Gusway-Gerry Residence, Regina.

1979 — funding of out-patient centres in Prince Albert (Prince Albert Council on Alcohol and Drug Abuse), Yorkton (Yorkton and District Alcoholism Society) and Kindersley (Danny Fisher Centre).

1980 — N.A.C. Rehabilitation Centres changed from per diem funding to grant funding. N.A.C. out-patient centres in Prince Albert and Regina were established. The Impaired Driver Treatment Program was initiated and the St. Louis Alcoholism Rehabilitation Centre was opened.

1981 — Larson House, Gusway-Gerry and Crysler Residence changed from per diem to grant funding. Out-patient centres in Melfort (Northeast Council on Alcohol and Drug Abuse) and North Battleford (Battleford's Alcohol and Drug Abuse Council) were established.

1982 — relocation and opening of new Myers House, Regina. Department of Northern Saskatchewan programs were realigned to the Alcoholism Commission. The Commission was reorganized into Regional and Provincial Services.

### Legislative Authority

The Alcoholism Commission operates under the authority of The Alcoholism Commission of Saskatchewan Act (R.S.S. 1978). The Act provides for at least eight and not more than twelve

Commission members appointed by the Lieutenant Governor in Council. The members of the Board are appointed from throughout the Province and represent many disciplines.

The Saskatchewan Alcoholism Commission was created to address matters of addiction to alcohol and other drugs and is charged with giving leadership in research, prevention and treatment in the addictions field. The purpose of the Commission, therefore, is to counteract the incidence and prevalence of alcohol and other drug abuse in Saskatchewan.

## Objectives of the Commission

1. To promote greater community awareness of the dimensions of the problem with a view to community action, and to foster and maintain healthy attitudes and behaviour patterns of the general population so as to reduce the risk of problems with alcohol and other drug use.

2. To provide early intervention to identify and rectify irresponsible use and abuse of alcohol and other drugs by the population at risk so as to reduce the social and emotional costs of current behaviour and promote healthier lifestyles.

3. To assist, through community-based programs and co-operation with the social and legal systems, alcoholic and other chemically dependent persons, their families and associates to cease current problematic behaviour and to avoid recurrence of such behaviour.

4. To increase awareness of the resources and alternatives available in Saskatchewan to deal with the problems relating to alcohol and/or other drug use, abuse and dependency.

## Grants and Contracts

In 1982-83, the Commission provided grants and contracts totalling $2,992,511 for services provided by the following agencies:

Detoxication Facilities:

- Larson House, Saskatoon
- Gusway-Gerry Residence, Regina
- Angus Campbell Centre, Moose Jaw
- Walter A. "Slim" Thorpe Recovery Centre, Lloydminster

Rehabilitation Facilities:

- St. Louis Alcoholism Rehabilitation Centre, St. Louis
- Native Alcohol Rehabilitation Centres, Regina, Prince Albert and Saskatoon

Community Education and Out-patient Facilities:

- Native Alcohol Council Out-patient and Crisis Centres, Prince Albert and Regina
- Yorkton and District Alcoholism Society
- Danny Fisher Centre, Kindersley
- Prince Albert Council on Alcohol and Drug Abuse
- Battlefords Out-patient Centre
- Melfort Out-patient Centre

Halfway House:

- Crysler Residence, Saskatoon

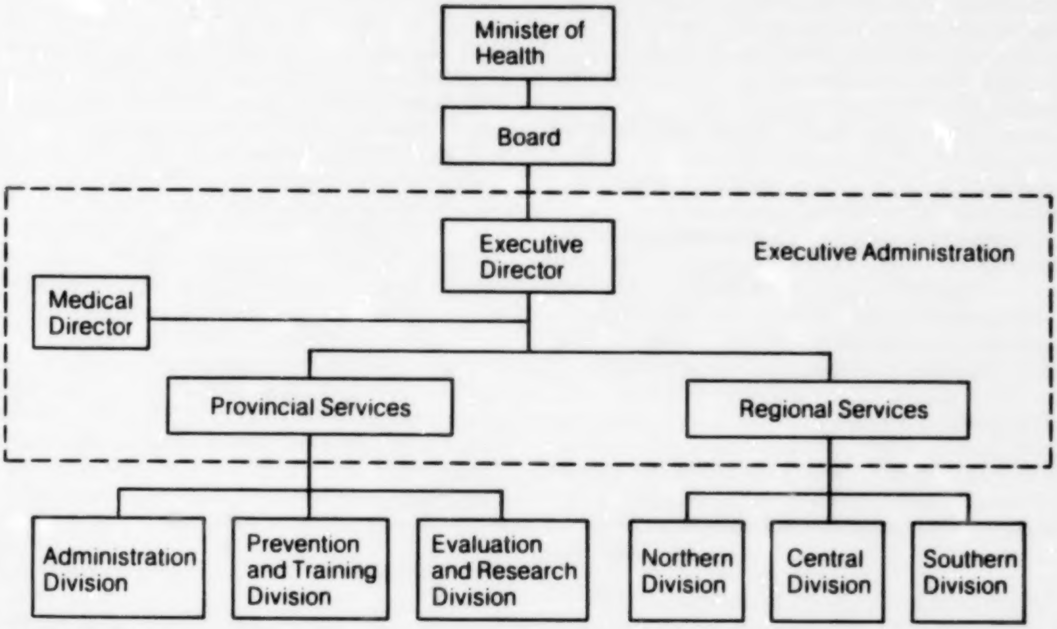
Others:

- Federation of Saskatchewan Indians (Education)
- Native Alcohol Council (Core Fieldwork Program)
- Community Development
- The Commission also contracted to pay operating costs for Myers House in Regina, a residence providing 24-hour supervision of clients attending the Regina Rehabilitation Centre.

## Organization of the Commission

Effective April 1, 1982, the Commission was organized into two components: Provincial Services and Regional Services. Within Provincial Services, the Prevention and Training Division replaced the former Education Division. Within Regional Services, alcohol programs co-ordinated by the former Department of Northern Saskatchewan were transferred to the Saskatchewan Alcoholism Commission and became the Northern Division. The former Northern Division became the Central Division. The Southern Division remained unchanged.

Figure 11. Organization of Saskatchewan Alcoholism Commission



March 31, 1983

## Executive Administration

Executive Administration is responsible for executive and professional support to the Chairman and the Board and for the direction of Commission operations. Executive Administration is also accountable for the provision of medical direction and consultation to clinical programs, the management of Provincial and Regional Services, and liaison with provincial and federal agencies.

## Provincial Services

Provincial Services is responsible for providing a broad range of administrative, educational and other support services to individuals, agencies and communities. It is organized into three main divisions: Administration; Prevention and Training; and Evaluation and Research. In addition to coordinating the activities of its three main divisions, Provincial Services is also responsible for funded agency negotiations and coordination of the Impaired Driver Treatment Program.

## Administration Division

The Administration Division is responsible for the administrative direction and control of Commission activities including the implementation of Board policies and the funding of allied agencies. It provides centralized services for accounting and personnel needs within the Commission as well as maintaining budgetary and inventory control of Commission resources.

## Prevention and Training Division

The Prevention and Training Division is a centrally-located support group with the objective of providing information, materials and resource personnel to other Commission staff and to the general public. These goals are met by using a number of established and new strategies. While current strategies which were developed and implemented in former years are discussed in detail in the Saskatchewan Alcoholism Commission Annual Report, of special note are the new initiatives developed during 1982-83:

— Due to increased community awareness of the effects of alcohol and other drugs on adolescents, there was an emphasis on developing print material for youth. The Mobile Youth Display proved to be an effective means of exhibiting information regarding the various resource materials for alcohol and other drug education. In addition, the third revised edition of *The Sourcebook* became available in March 1983. The purpose of *The Sourcebook* is twofold: to provide a comprehensive listing of various youth resources for drug education programming; and to encourage community ownership of resource material.

— A *Film News Memo* summarizing film evaluations and recommendations on alcohol and other drug materials was published bi-monthly. The *Memo* proved to be a valuable resource guide for interested agencies and individuals.

— During 1982-83, the Saskatchewan Alcoholism Commission offered a computerized literature search service, using Dialog and Bibliographic Retrieval Services (B.R.S.). The library search service was established to facilitate access to recent research in the field of addictions and related areas.

— A task force, comprised of participants from employer and employee groups in the public and private sectors of Saskatchewan industry, completed their review of the Employee Assistance Program. The Task Force Report was released to interested individuals and organizations.

— All Commission staff received an *"Orientation Kit and Reference Manual"* plus a half-day training session in its implementation. Supervisory personnel participated in a one day seminar entitled "Orientation-Supervisory Training".

— In addition to "Pharmacology" and "Prevention" seminars, a new Basic Knowledge seminar entitled "Addictions I" was developed and offered to Commission staff and allied agency personnel.

## Table 41. Prevention and Training Division Statistics, 1981-82 and 1982-83

| | 1981-82 | 1982-83 |
|---|---|---|
| Print and AV distribution: | | |
| Pamphlets | 207,434 | 153,664 |
| Folders | 1,368 | 837 |
| Posters | 1,532 | 2,144 |
| Films and video tapes | 928 | 1,941 |
| Manuals | 201 | 335 |
| Public relations: | | |
| Written releases | 9 | 12 |
| Speaking engagements | 46 | 17 |
| Displays | 30 | 41 |
| Training: | | |
| Training courses (number of days) | 142 | 104 |
| Practicum students | 218 | 210 |
| Orientation experience students | 158 | 184 |
| Library services: | | |
| Requests for information | * | 107 |
| Computer searches | | 29 |
| Interlibrary loans | | 64 |
| Circulation (books or pamphlets) | | 345 |

** No statistics available for 1981-82.*

— In October 1982, the Commission initiated a professional lectureship series with a seminar offered by a research scientist from the Addictions Research Foundation, Ontario, entitled "Cannabis 1982". This seminar was open to professionals, Commission staff and allied agency personnel.

— The Alcoholism Commission was represented on the Regina Alcohol and Drug Liaison Committee. The committee was organized by the Department of Education and has been in existence for one year. Their long term objective is to provide youth and families in Regina with preventive and ongoing services which are not offered by other agencies.

— The Commission was represented on the advisory committee to the University of Regina Extension Division. The objective of the advisory committee is to develop curriculum guidelines for the Certificate Program in Alcoholism/Chemical Dependencies Studies.

## Evaluation and Research Division

The Evaluation and Research Division is responsible for promoting, initiating and conducting research on alcohol and other drug-related disabilities. Research is aimed at planning and evaluating programs and policies with a view to improving service delivery and counteracting alcohol and other drug abuse. One major aspect of the program evaluation is to monitor and analyze changes in client profiles and trends in the Commission's treatment programs. Relevant statistics and other pertinent data are analyzed as a part of baseline and policy research.

Of special note are the following activities of 1982-83:

— The Division completed a six month follow-up of clients admitted to the St. Louis Alcoholism Rehabilitation Centre as part of the Impaired Driver Treatment Program during 1981-82.

— A comprehensive community and health region profile was developed for alcohol-related arrests and hospital separations for the year 1981. This information will be used in the planning of addictions services in Saskatchewan.

## Regional Services

The major direct delivery system of the Commission is Regional Services. It is organized into three geographic divisions (Northern, Central and Southern) whose main functions are community services and rehabilitation.

### Community Services

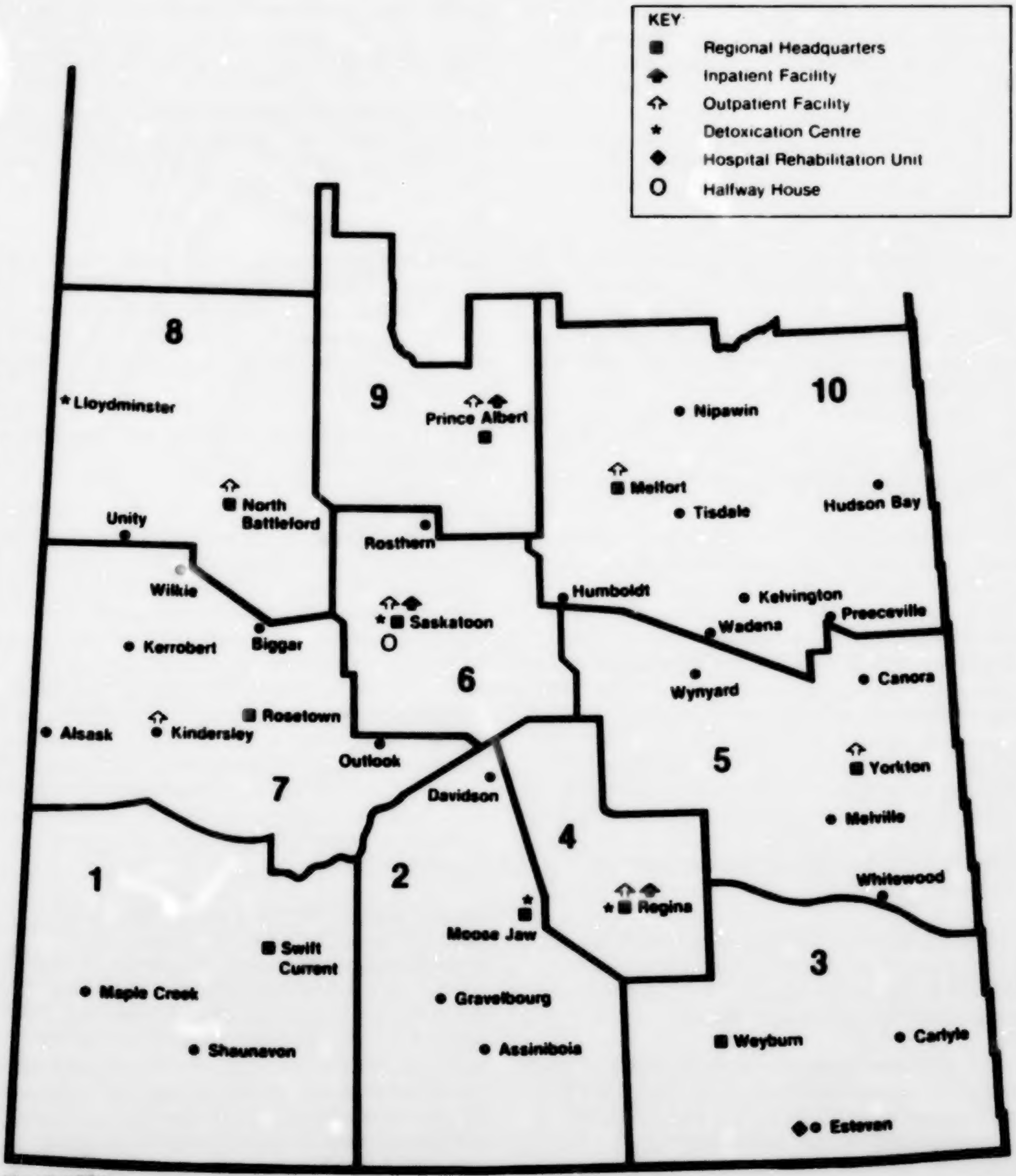
The purpose of community services is to promote an awareness and understanding of the extensive problems associated with chemical use, and to mobilize and activate Saskatchewan communities into action on alcohol and other drug abuse problems. Through coordinators in 16 regions of Saskatchewan, Regional Services extends the resources of the Commission and works with communities in developing and utilizing a coordinated teamwork approach to enable them to deal with the problems related to all forms of drug abuse.

Of special note are the following activities during 1982-83:

— Community Development: In 1982-83, there continued to be a steady increase in the public's awareness of alcohol and other drug problems, particularly with respect to programs for youth. As a result, programs such as "Tough Love" and "Another Chance" (programs for parents with drug and alcohol abusing youth) as well as Families Anonymous became increasingly popular. Other specific programs receiving regional staff assistance included a book display for schools, involvement in Safe Graduation programs, and the A.S.K. (Addiction: Services and Knowledge) and SCOTT (a peer counselling program at Scott Collegiate, Regina) programs for high school students.

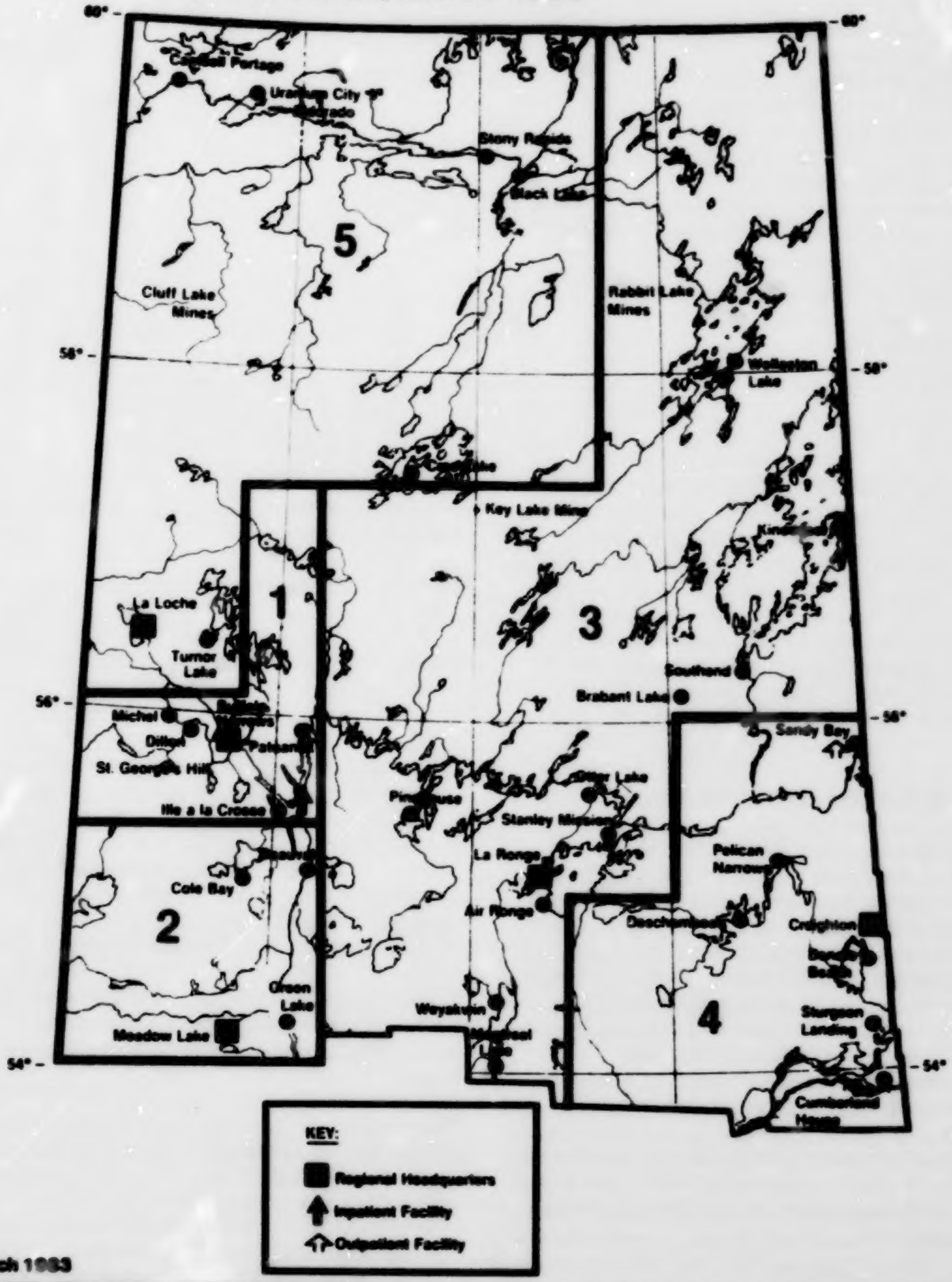
The regional staff worked extensively with community resources such as educational committees, each level of the school system (from school boards and superintendents to students and parents), employers, unions, churches, service clubs, the justice system, social services and self-help groups. The regional staff assisted in the coordination of community educational programs, acted as a resource to programs, and provided resource materials such as displays, posters, pamphlets and films.

Figure 12. Regional Alcoholism Facilities in Southern Saskatchewan, March 1983



March 1983

## Figure 13. Regional Alcoholism Facilities in Northern Saskatchewan, March 1983



March 1983

## Table 42. Community Services Statistics, 1981-82 and 1982-83

| | 1981-82 | 1982-83 |
|---|---|---|
| Community contacts | 6,265 | 4,293 |
| Out-patient counselling | 5,430 | 3,079 |
| Education programs: | | |
| (a) General education programs | 1,982 | 696 |
| Estimated audience | 18,923 | 18,664 |
| (b) Education programs for employers | 16 | 16 |
| Estimated audience | 154 | 221 |
| (c) "Another Chance" parent group | | |
| Number of sessions presented (1 evening x 6 weeks) | 1 | 7 |
| Number of participants | 12 | 95 |
| Impaired Driver Treatment Program: | | |
| Community contacts | 249 | 1,185 |
| Counselling | 3,512 | 2,370 |
| Total number of I.D.T.P. clients. | 397 | 601 |

— Follow-up Services: The Impaired Driver Treatment program (I.D.T.P.) operated in the Central and Southern Regions. It provided follow-up services to 617 clients, as well as family members through individual, family and group counselling. The three participating agencies, the Saskatchewan Alcoholism Commission, the St. Louis Treatment Centre and the Department of Social Services (Probation Services), worked cooperatively to review and refine the program.

## Rehabilitation Services

The purpose of rehabilitation services in the Central and Southern Divisions is to coordinate, promote and conduct programs for treating and rehabilitating those persons who are abusing or dependent upon alcohol and/or other drugs. As a component of the rehabilitative process, education and support services are also provided to collaterals such as spouses and children. In addition, the division provides learning experiences for students and staff of agencies working in the chemical dependencies field.

Of special note during 1982-83 is the increase in all types of client requests. As a result, there have been more frequent group sessions and fewer individual counselling interviews. There has also been an increase in referrals of clients employed in the professional fields.

Facilities Operated by the Commission during 1982-83:

Regina Rehabilitation Centre, 2140 Hamilton Street, Regina: This Centre provides day-patient and out-patient programs. During treatment, patients reside in Myers House. Staff at the Centre supervise a methadone program, with methadone dispensed at the Regina General Hospital.

Calder Centre, 230 Avenue R South, Saskatoon: The Calder Centre provides day-patient and in-patient programs, and provides out-patient and in-patient programs for youth. The Centre has an in-patient capacity for 25 patients and 15 spouses.

Calder Out-patient Clinic, 320 Fifth Avenue North, Saskatoon: The clinic provides group and counselling support services on an out-patient basis.

The statistics in Table 43, page 89, indicate the level of activity of rehabilitation services in areas such as rehabilitation, liaison with funded agencies and educational services.

## Table 43. Rehabilitation Caseload, Saskatchewan Alcoholism Commission and Funded Agencies, 1982-83

| | Alcoholism Commission | | | Funded agencies | | | All facilities | | |
|---|---|---|---|---|---|---|---|---|---|
| | Addicted | Non-addicted | Total | Addicted | Non addicted | Total | Addicted | Non-addicted | Total |
| **In-patient**: | | | | | | | | | |
| Male | 307 | 83 | 390 | 3.232 | – | 3.232 | 3.539 | 83 | 3.622 |
| Female | 125 | 239 | 364 | 1,055 | – | 1,055 | 1,180 | 239 | 1,419 |
| Total (1982-83) | 432 | 322 | 754 | 4.287 | – | 4.287 | 4.719 | 322 | 5,041 |
| Patient days (1982-83) | 8.152 | 3.000 | 11.152 | 52.137 | – | 52.137 | 60.289 | 3.000 | 63.289 |
| Total (1981-82) | 557 | 240 | 797 | 4.600 | – | 4.600 | 5.157 | 240 | 5.397 |
| Patient days (1981-82) | 10.251 | 1.883 | 12.134 | 51.801 | – | 51.801 | 62.052 | 1.833 | 63.935 |
| **Day-patient**: | | | | | | | | | |
| Male | 328 | 29 | 357 | – | – | – | 328 | 29 | 357 |
| Female | 111 | 139 | 250 | – | – | – | 111 | 139 | 250 |
| Total (1982-83) | 439 | 168 | 607 | – | – | – | 439 | 168 | 607 |
| Patient days (1982-83) | 6.799 | 2.311 | 9.110 | – | – | – | 6.799 | 2.311 | 9.110 |
| Total (1981-82) | 539 | 158 | 697 | – | – | – | 539 | 158 | 697 |
| Patient days (1981-82) | 6.748 | 1.676 | 8.424 | – | – | – | 6.748 | 1.676 | 8.424 |
| **Out-patient**: | | | | | | | | | |
| Male | 628 | 28 | 656 | 575 | 41 | 616 | 1.203 | 69 | 1.272 |
| Female | 420 | 267 | 687 | 278 | 154 | 432 | 698 | 421 | 1.119 |
| Total (1982-83) | 1.048 | 295 | 1.343 | 853 | 195 | 1.048 | 1.901 | 490 | 2.391 |
| Total (1981-82) | 832 | 213 | 1.045 | 409 | 58 | 467 | 1.241 | 271 | 1.572 |
| **All clients**: | | | | | | | | | |
| Male | 1.263 | 140 | 1.403 | 3.807 | 41 | 3.848 | 5.070 | 181 | 5.251 |
| Female | 656 | 645 | 1.301 | 1.333 | 154 | 1.487 | 1.989 | 799 | 2.788 |
| Total (1982-83) | 1.919 | 785 | 2.704 | 5.140 | 195 | 5.335 | 7.059 | 980 | 8.030 |
| Patient days (1982-83) | 14.951 | 5.311 | 20.262 | 52.137 | – | 52.137 | 67.088 | 5.311 | 72.399 |
| Total (1981-82) | 1.928 | 611 | 2.539 | 5.009 | 58 | 5.067 | 6.937 | 669 | 7.606 |
| Patient days (1981-82) | 16.999 | 3.559 | 20.558 | 51.801 | – | 51.801 | 68.800 | 3.559 | 72.359 |

Other programs of an educational nature which rehabilitation services provide in Central Region include the Youth Program (Day and Live-in):

| | Participants | |
|---|---|---|
| | 1981-82 | 1982-83 |
| Youth program | 55 | 149 |
| Live-in youth program | 75 | 55 |

## Highlights of the Alcoholism Commission

— Nine new members were appointed to the Board of the Commission in September 1982. A comprehensive policy review by the Board resulted in a new and revised policy book. The Board also submitted a brief and presentation to the Liquor Laws and Regulations Review Committee.

— A reorganization of the Commission was implemented in August 1982 with new Regional Directors appointed for the Southern and Central Divisions of Regional Services. In October, alcohol programs from the Department of Northern Saskatchewan were realigned to the Alcoholism Commission and a Regional Director was appointed in La Ronge. In March 1983, a new Assistant Executive Director, Provincial Services, was appointed.

— A major accomplishment was the presentation of the first National Alcoholism Counsellor Training Seminar in Regina which attracted representatives from numerous agencies. The Commission was actively involved for three years in the development and delivery of this national curriculum, sponsored by Health and Welfare Canada and the National Planning Council.

— In cooperation with the Universities of Saskatchewan and Regina, the Commission initiated the first Referral Agent Training Courses in Saskatchewan for industry representatives of Employee Assistance Programs (E.A.P.). The E.A.P. Task Force Report was also released.

— Due to increased awareness of the effects of alcohol and drug abuse among adolescents, there has been an emphasis on developing print material and programs for youth and parents at the community level.

## Separate Annual Report

A comprehensive annual report is published by the Saskatchewan Alcoholism Commission. For more detailed information, contact the Saskatchewan Alcoholism Commission, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan S4S 6X6.

# 4. Psychiatric Services

## Overview

Throughout the Province the Psychiatric Services Branch provides community mental health services which promote mental health and emphasize early identification of mental health problems and treatment in the community. An attempt is made to encourage individual and community responsibility and participating in meeting mental health needs. Wherever possible, services are provided without disrupting people's normal daily activities and routines. Accordingly, the Branch provides a variety of clinical and consulting services in the community and a range of day, evening and overnight services. Hospital services are available as a specialized support to the community program, but are provided only when necessary and for as brief a time as possible.

The Saskatchewan approach to mental health services is based on the principle that a full range of direct and supportive mental health services should be available to all residents of the Province in their own communities, or within reasonable travelling distance of their homes. Consistent with this approach, comprehensive mental health services are provided in each of the eight mental health regions in the Province. Recent developments in the distribution of services have allowed the regions to become nearly self-sufficient in dealing with their own community mental health needs.

The Psychiatric Services Branch recognizes the need to measure the efficiency and quality of its programs. By doing so, the Branch can determine the impact of a program in the community. Such measures are being incorporated into programs to ensure that maximum benefit is derived from resources allocated to the Branch and that the highest quality of mental health services is available to Saskatchewan residents.

## Historical Development of Services

1914: The first provincial mental hospital was opened at North Battleford. Three hundred and forty-three patients were returned to Saskatchewan from institutions in Manitoba.

1921: A second mental hospital was opened in Weyburn.

1930: The "Munroe Wing" of the Regina General Hospital was opened to provide psychiatric services.

1946: Outpatient services were offered on a regular basis for the first time. A program to train school teachers and public health nurses in the principles of "Mental Hygiene" was developed.

1948: Psychiatric nursing as a profession was established.

1949 to 1954: The patient population in the two mental hospitals exceeded 4,000 persons. The number of retarded persons cared for in the Weyburn Training School increased from slightly more than 700 in 1950 to almost 900 in 1954.

1950: A psychiatric research program was established. In succeeding years it has made substantial contributions in biochemical and social psychiatric research.

The Public Health Department's Division of Mental Health Services became the Psychiatric Services Branch.

1955: The "Saskatchewan Plan" — a treatment philosophy that emphasizes community based services as an alternative to mental institutions — was developed and became the guiding principle underlining the evolution of mental health services in Saskatchewan.

A 39-bed psychiatric ward was opened in University Hospital, Saskatoon.

The Moose Jaw Training School (now Valley View Centre) for mentally retarded persons was opened.

1961: A second Training School for mentally retarded persons was opened in Prince Albert (now North Park Centre).

The Mental Health Act was passed replacing the Mental Hygiene Act of 1936.

1963 to 1970: Regionally-based community services and intensive programs were developed with the aim of reducing the chronic patient populations in the two mental hospitals. Consequently, the number of patients declined from 3,111 in early 1963 to 931 by late 1970.

1964: The Yorkton Psychiatric Centre, incorporating innovative ideas in architectural design, was completed. The Centre signified a shift away from the traditional mental hospital towards the modern psychiatric centres built in association with general hospitals.

1969: A psychiatric centre linked closely with the Victoria Union Hospital was opened in Prince Albert.

1971: Saskatchewan Hospital Weyburn closed. It was converted into the Souris Valley Extended Care Hospital and an 84-bed Psychiatric Centre.

1972: The Training Schools at Moose Jaw and Prince Albert were placed under the direction of a new agency, Core Services Administration (now a branch of Saskatchewan Social Services). Core Services assumed responsibility for services to mentally retarded persons.

1973: The Psychiatric Nursing Training Program was initiated at the Wascana Institute of Applied Arts and Sciences in Regina. Hospital training programs were gradually phased out.

1976: A major plan was announced for the redistribution of psychiatric beds throughout the Province. The plan permitted a more equitable allocation of inpatient services. It also allowed each region to become self-sufficient in dealing with mental health needs.

1978: A 14-bed psychiatric ward was established at the Union Hospital in Swift Current. For the first time, designated psychiatric beds existed in each of the eight mental health regions.

Sixteen beds, designated under The Mental Health Act, were opened at the Saskatoon City Hospital. A further ten designated beds were established at the Plains Health Centre in Regina. In both instances, authority for the administration of the units remained with the respective hospital boards.

1979: A 22-bed psychiatric unit was opened in the Pasqua Hospital in Regina. Administrative responsibility was assumed by the South Saskatchewan Hospital Board.

1980: The average daily inpatient census in facilities operated by the Psychiatric Services Branch declined to 407.7 persons. Of this number, slightly over half were long-stay patients in the Saskatchewan Hospital at North Battleford.

Construction of a new 32-bed psychiatric centre at the Battlefords Union Hospital was completed and the centre was officially opened on October 24. The first patients were admitted on January 15, 1981.

1981: Two new group homes were established, bringing the total number of homes in operation in the Province to ten. The new homes, operated by the Saskatoon Social Development Council in Saskatoon and the Thundercreek Home in Moose Jaw, opened on June 1 and July 1 respectively.

A Day Vocational Rehabilitation Program for 50 persons was approved for the City of Regina.

# Highlights, 1982-83

A Day Program designed to provide daytime therapeutic activities for recently discharged patients was approved for the Yorkton Psychiatric Centre.

Approval was received to establish eight new positions including a Provincial Director of Child and Youth Services and a number of regional positions to expand existing mental health services to children, youth and their families across the province.

Ms. Laura Carment was appointed Provincial Director of Child and Youth Services for the Branch in March 1983.

A number of initiatives to improve crisis intervention services and short-term supervised accommodation for violent, dangerous or difficult to serve persons in Regina and Saskatoon were approved. Implementation is underway.

Further expansion of the continuum of residential services for persons with mental health problems took place throughout 1982-83. With the opening of a new group home in Lloydminster, there are now 11 homes in operation: two in Regina, Saskatoon and North Battleford, and one in each of the other five mental health regions.

Supervised apartment living programs for mental health clients were piloted in Regina and Saskatoon under the auspices of the Phoenix Residential Society and the Saskatoon Development Council respectively.

An overseas recruiting trip in February - March, 1982 for psychiatrists proved to be highly successful with virtually all existing psychiatrist vacancies in the Branch being filled during 1982-83.

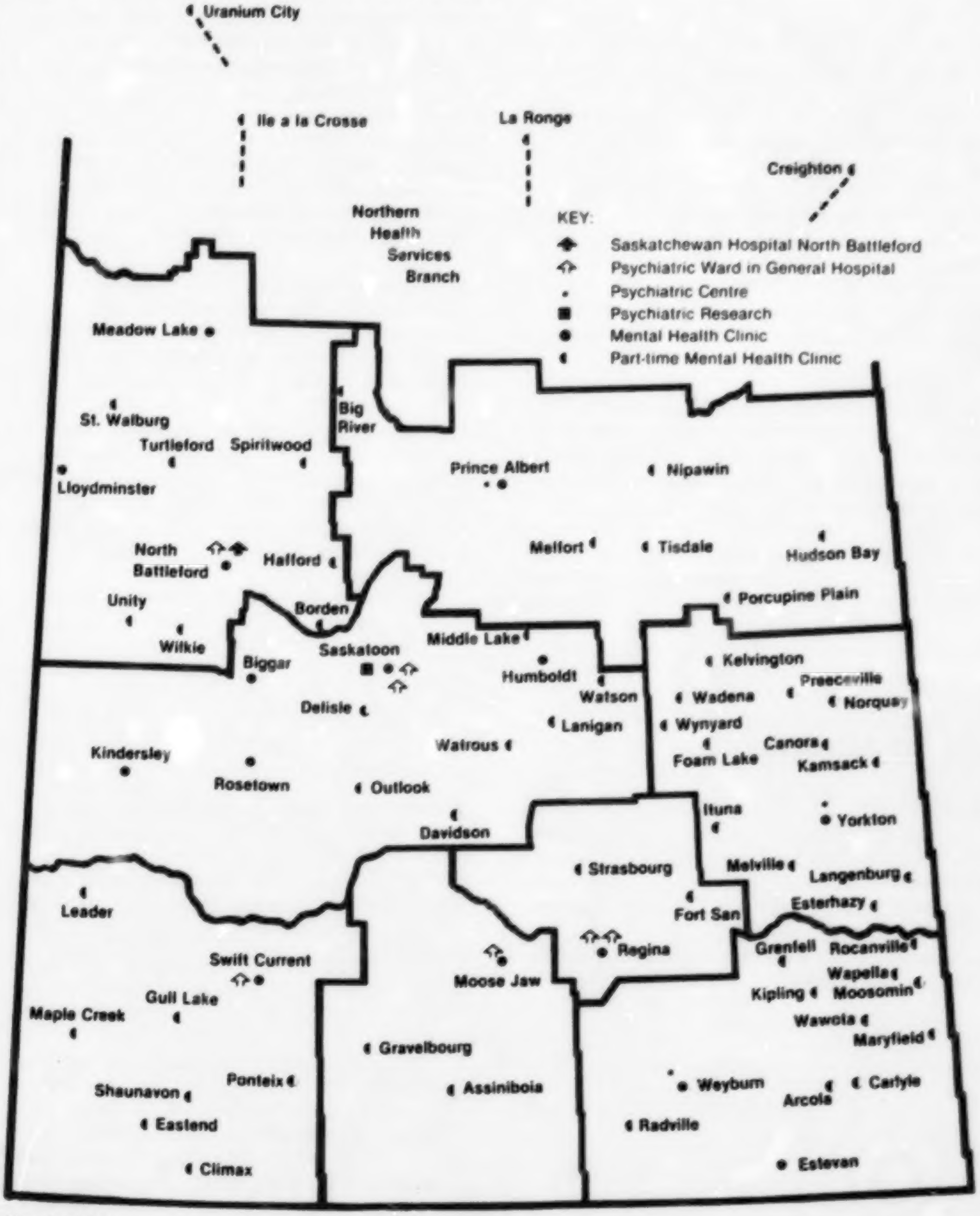
A Liaison Worker Program was implemented in the Swift Current Mental Health Region. This Program employs local residents in six small communities on a casual basis to provide public education, referral and liaison between the communities and the Swift Current Mental Health Centre.

# Organization

The Psychiatric Services Branch service delivery system is organized on a regional basis. Regional boundaries and the location of clinics and other facilities are illustrated on the map (Figure 14) on page 94. The Branch continues to participate in efforts to develop coterminous human service area boundaries and to work with other departments and agencies in planning and locating services.

Programs in each of the eight mental health service regions are managed by chief executive officers who report to the Branch Executive Director. Central Office is responsible for overall administration, program direction and general policy formulation. The Branch administrative structure is illustrated in Figure 15, page 95.

## Figure 14. Mental Health Services



March 1983

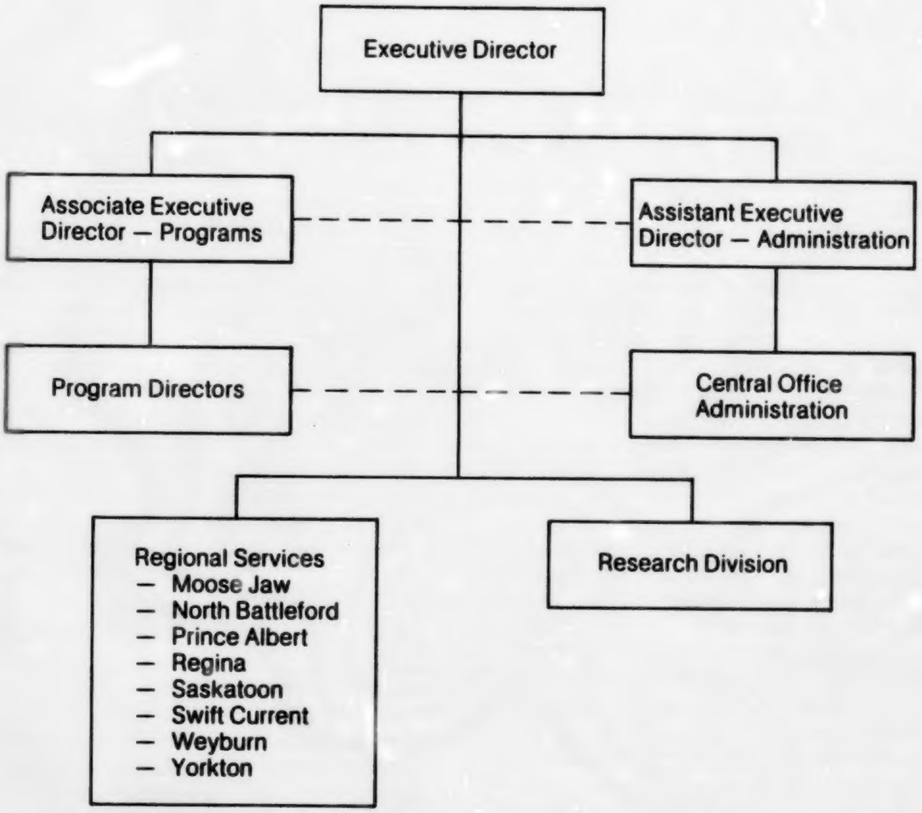
# Personnel

On March 31, 1983, the Psychiatric Services Branch had 834 established staff positions. Included in those positions are ten psychiatrists employed on a contractual basis. The staff positions are summarized in Table 44, page 96.

For a number of years, the Branch has had difficulty attracting qualified psychiatrists to the province, particularly to the smaller rural centres. A variety of approaches have been undertaken over the last several years in an attempt to address the problem of the shortage of psychiatrists and substantial progress has been made. The Branch also continues to work with the University of Saskatchewan and the private sector to develop and review a variety of other options.

As one component of a more extensive recruitment and retention strategy for psychiatrists, the Branch undertook a broad-based advertising campaign in January in North America, Ireland and Great Britain. Substantial improvements to contractual

**Figure 15. Organization of the Psychiatric Services Branch**



March 1983

opportunities for psychiatrists, made in 1981-82, assisted significantly in attracting interested applicants. In February-March 1982, Mr. J. Yarske, Executive Director, and Dr. C. Smith, Consultant Psychiatrist, visited the United Kingdom to facilitate recruitment efforts and pursue proposals for alternate strategies which could be employed. The overseas trip was highly successful in that contracts were signed for virtually all of the existing vacancies in the Branch and a substantial number of enquiries from interested applicants were received. Because of immigration procedures, arrivals of most overseas candidates were delayed; however, most have now arrived.

The Branch has also placed new emphasis on the recruitment and retention of other mental health professionals, notably psychologists, social workers and psychiatric nurses. Recent efforts have been relatively successful and new strategies are being developed in an attempt to make further improvements.

The professional staff in each of the eight mental health regions includes: social workers, community mental health nurses, psychiatrists, psychologists, psychiatric nurses, as well as occupational, recreational and adjunctive therapists. Approximately 220 of these employees work primarily with community-based programs. Although most staff are based in or near the major psychiatric facilities, an effort is being made to improve the accessibility of services by locating workers in outlying areas. Accordingly, professional staff are currently stationed in the eight main centres as well as in: Meadow Lake, Lloydminster, Humboldt, Kindersley, Rosetown, Assiniboia, Melfort and Estevan.

## Table 44. Summary of Established Positions, Psychiatric Services Branch, March 31, 1983

| Position classifications | Total positions | Central office and related staff | Research | Regional programs |
|---|---|---|---|---|
| **Total** | **834*** | **26** | **16** | **792*** |
| Psychiatrists | 42* | 2 | — | 40* |
| Other physicians | 1 | — | — | 1 |
| Psychologists | 43 | 1 | — | 42 |
| Social workers | 76 | — | — | 76 |
| Community mental health nurses | 62 | — | — | 62 |
| Nursing staff | 307 | — | — | 307 |
| Therapists | 46 | — | — | 46 |
| Laboratory and other related staff | 20 | — | 14 | 6 |
| Administrative and clerical | 123 | 23 | 2 | 98 |
| Maintenance services | 114 | — | — | 114 |

* *Includes ten contract positions.*

# Services and Activities

The Psychiatric Services Branch has a broad mandate to be involved with all aspects of mental health throughout the province. Its activities can be grouped into four major areas: Clinical Services; Day Hospital, Rehabilitation and Vocational Services; Residential Services; and Research, Education and Health Promotion. (Each is discussed in more detail below.)

Improved access to services has been emphasized in each of the Province's eight mental health regions. Each region's staff are drawn from all of the major mental health disciplines. Services are provided throughout each region by a network of full and part-time mental health clinics. Designated psychiatric beds exist in every region. All regions have group homes for clients in need of sheltered living accommodation. Day hospital and/or day vocational programs exist in most regions. The Saskatchewan Hospital in North Battleford continues to accept a small number of patients from other regions. Its primary role, however, is that of a long-term care facility for chronic patients, most of whom were admitted more than a decade ago.

In addition to assuming a direct role in the provision of mental health services, the Psychiatric Services Branch plays an important role in assisting and developing services in both public and private sectors. The Branch provides grants to private agencies and self-help groups and offers consultation and support to facilities such as nursing homes and chronic care hospitals. Branch staff also play an active role in voluntary organizations which seek to develop services for the mentally ill and to increase public awareness of issues relating to mental health. Liaison with governmental as well as private agencies is sought at both regional and central levels.

## Clinical Services

The primary role of the Branch continues to be the provision of direct and indirect clinical and consulting services for people of all ages. Services include: diagnostic and treatment services for community clients, inpatient services, consultation and support services to other community agencies, and assessment services for the courts.

Numbers of direct services are illustrated in Figure 16, page 98.

### Services to Community Clients

The number of clients served in each region is indicated in Table 45, page 99. In 1982, 11,039 individuals and 368 families (11,407 total) registered as clients.

Numbers of services to registered individuals and families are given in Table 46, page 100. In 1982, a total of 112,536 individual and family contacts were reported. On average, each registered family and individual was seen 9.9 times during the year. An additional 13,220 clinical services were provided to or on behalf of persons who were not registered as clients. In total, 125,756 recorded clinical services were provided by Branch staff.

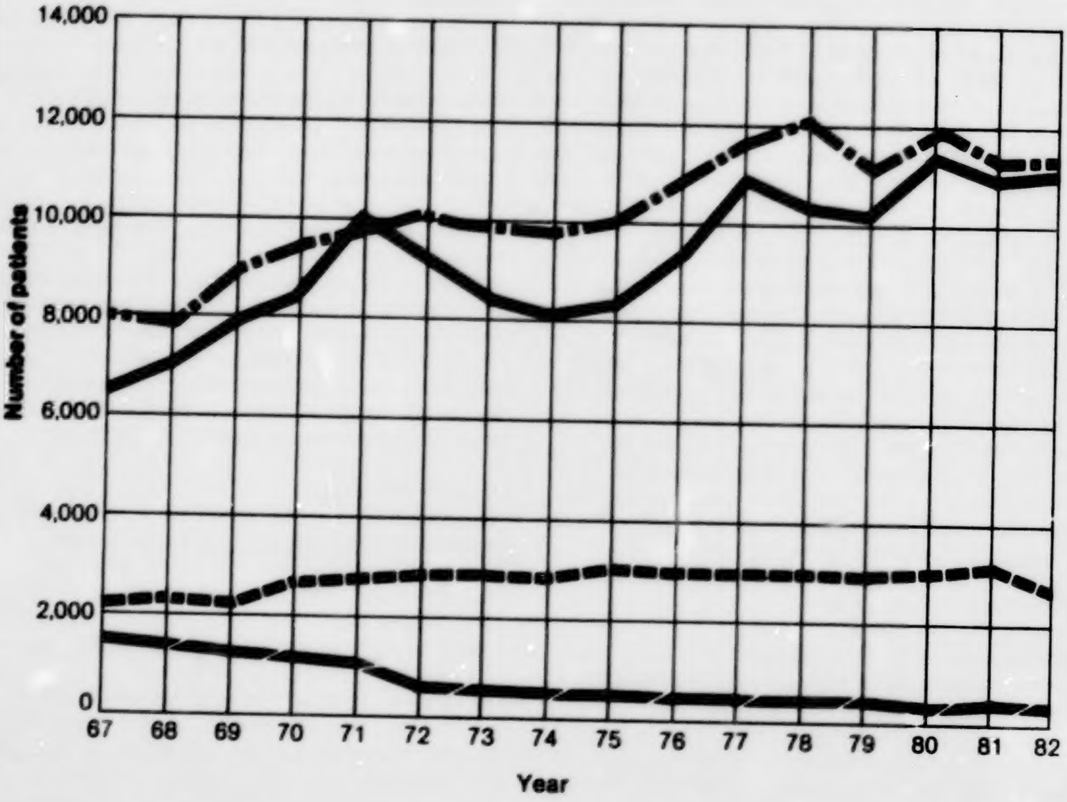
### Inpatient Services

Regional inpatient statistics are summarized in Table 47, page 100. The number of patients in the Saskatchewan Hospital North Battleford declined over last year. However, most other inpatient facilities had more patients during the last year.

Persons who were admitted also spent longer in hospital than they had during the preceding year. The average lengths of stay of patients discharged from psychiatric wards of general hospitals, from psychiatric centres attached to general hospitals and from the Saskatchewan Hospital in 1982 were 25.3, 24.8 and 6,458.5 days respectively. The longer stay in the latter facility reflects the larger number of long-term inpatients which it treats.

In addition to the facilities operated by the Psychiatric Services Branch, there are designated inpatient units at City and University Hospitals in Saskatoon, and at Pasqua and Regina General Hospitals in Regina. (Responsibility for the psychiatric ward in the General Hospital was transferred from the Branch to the General Hospital Board in June 1981.) The Branch is not directly involved in the operation of these facilities. It does, however, participate in the appointment of medical officers in charge and in assuring that involuntarily admitted patients have access to appeal procedures. Branch staff also provide outpatient services to patients discharged from such facilities.

Figure 16. Changes in Psychiatric Service Patterns In Saskatchewan Between 1967 and 1982



Note: Prior to 1982, the inpatient unit in the Regina General Hospital was included in the figures.

**Code:**

▪▪▬▪▪ **Total Community Clients**
▬▬ **Total Community Contacts Divided by Ten**
▬ ▬ ▬ **Total Admissions to All Psychiatric Facilities**
▬⟋▬ **Inpatients: Average Daily Census**

## Table 45. Number of Community Clients* Served by Region, Psychiatric Services Branch, 1978 to 1982

| Psychiatric region | 1978 | 1979 | 1980 | 1981 | 1982 |
|---|---|---|---|---|---|
| **Total** | **12,093** | **11,129** | **11,944** | **11,324** | **11,407** |
| Moose Jaw | 835 | 795 | 719 | 683 | 721 |
| North Battleford† | | | | | |
| — Saskatchewan Hospital | 1,530 | 1,283 | 1,392 | 17 | 16 |
| — Mental Health Centre | | | | 1,532 | 1,813 |
| Prince Albert | 2,024 | 2,065 | 2,271 | 2,148 | 2,078 |
| Regina | | | | | |
| — Mental Health Clinic | 1,575 | 1,209 | 1,265 | 1,235 | 1,172 |
| — Child and Youth Services | 880 | 805 | 982 | 861 | 965 |
| Saskatoon | | | | | |
| — MacNeill Clinic | 826 | 905 | 1,077 | 1,001 | 871 |
| — Mental Health Clinic | 1,049 | 1,036 | 1,326 | 1,186 | 1,245 |
| Swift Current | 683 | 600 | 651 | 603 | 611 |
| Weyburn | 1,137 | 1,016 | 872 | 827 | 801 |
| Yorkton | 1,554 | 1,415 | 1,389 | 1,231 | 1,114 |

* *Includes both adults and children.*

† *The two facilities located in North Battleford were combined prior to 1981.*

### Support Services to Individuals and Families

Support is provided for individuals, families and community groups through the involvement of Psychiatric Services Branch staff. The Psychiatric Services Branch also encourages the development of community resources in cooperation and partnership with other public and private service delivery agencies, volunteers, consumer associations, professional organizations and individual practitioners. In this manner, community mental health services are delivered in the least costly and most effective way possible.

Major emphasis is placed on the creation of a wide range of diverse services to meet many different needs which allow individuals to remain in their home communities and to keep their families intact.

Examples of such services are:

(a) home based programming — includes assessment, outpatient counselling and monitoring of medication by community mental health nurses;

(b) self-help groups;

(c) emotional support services — the services use a variety of intervention strategies such as crisis management and individual support to alleviate emotional strain and tension. This prevents further breakdown and facilitates rehabilitation;

(d) community friends — a program where community volunteers provide emotional support services in normal settings. This prevents breakdown and facilitates rehabilitation of the clients' social and emotional functioning;

(e) a variety of formal and informal companionship, leisure and social support networks — these networks provide friendship, encourage the appropriate use of leisure time and offer emotional support.

## Table 46. Volume of Service Contacts* to Community Clients and Families by Region, Psychiatric Services Branch, 1978 to 1982

| Psychiatric region | 1978 | 1979 | 1980 | 1981 | 1982 |
|---|---|---|---|---|---|
| **Total** | **104,130** | **102,617** | **114,181** | **108,792** | **112,536** |
| Moose Jaw | 7,108 | 8,111 | 9,019 | 7,847 | 6,570 |
| North Battleford† | | | | | |
| — Saskatchewan Hospital | 15,511 | 12,798 | 15,722 | 165 | 169 |
| — Mental Health Centre | | | | 23,263 | 29,052 |
| Prince Albert | 13,078 | 16,989 | 17,957 | 15,604 | 15,035 |
| Regina | | | | | |
| — Mental Health Clinic | 13,676 | 15,821 | 14,032 | 11,455 | 12,008 |
| — Child and Youth Services | 6,335 | 4,837 | 6,604 | 5,332 | 5,016 |
| Saskatoon | | | | | |
| — MacNeill Clinic | 7,441 | 5,462 | 7,574 | 7,282 | 5,714 |
| — Mental Health Clinic | 9,145 | 9,029 | 11,345 | 8,953 | 9,648 |
| Swift Current | 5,505 | 4,491 | 5,626 | 5,692 | 6,325 |
| Weyburn | 10,276 | 11,496 | 13,210 | 9,654 | 11,521 |
| Yorkton | 16,055 | 13,583 | 13,092 | 13,545 | 11,478 |

* *Includes both adults and children*

† *The two facilities located in North Battleford were combined prior to 1981*

## Table 47. Movement of Inpatients in Psychiatric Facilities, Psychiatric Services Branch, 1982

| | Psychiatric centres | | | Psychiatric units | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Weyburn | Yorkton | Prince Albert | Union Moose Jaw | Union Swift Current | Union Battlefords | Sub-total psychiatric centres and units | Sask. Hospital North Battleford | Total |
| On books Jan 1, 1981 | 20 | 24 | 34 | 15 | 14 | 28 | 135 | 210 | 345 |
| In hospital | 14 | 24 | 34 | 15 | 14 | 15 | 116 | 204 | 320 |
| Trial leave, otherwise absent | 6 | 0 | 0 | 0 | 0 | 13 | 19 | 6 | 25 |
| Admissions during 1982 | 265 | 386 | 978 | 362 | 176 | 237 | 2,404 | 17 | 2,421 |
| First admissions | 94 | 151 | 274 | 130 | 136 | 112 | 897 | 11 | 908 |
| Re-admissions | 171 | 235 | 704 | 232 | 40 | 125 | 1,507 | 6 | 1,513 |
| Separations during 1982 | 250 | 375 | 974 | 361 | 186 | 225 | 2,365 | 19 | 2,384 |
| Discharges | 250 | 375 | 972 | 361 | 179 | 222 | 2,359 | 11 | 2,370 |
| Deaths | 0 | 0 | 2 | 0 | 1 | 3 | 6 | 8 | 14 |
| On books Dec. 31, 1982 | 35 | 35 | 38 | 16 | 10 | 40 | 174 | 208 | 382 |
| In hospital | 22 | 35 | 38 | 16 | 10 | 27 | 148 | 197 | 345 |
| Trial leave, otherwise absent | 13 | 0 | 0 | 0 | 0 | 13 | 26 | 11 | 37 |
| Total number of patient days | 11,846 | 13,059 | 17,215 | 6,060 | 4,415 | 7,935 | 60,530 | 75,067 | 135,597 |
| Average daily census | 32.4 | 35.8 | 47.2 | 16.6 | 12.1 | 21.7 | 165.8 | 205.7 | 371.5 |
| Average length of stay | 44.2 | 30.4 | 17.6 | 16.8 | 24.8 | 39.3 | 24.9 | 6,458.5 | 76.2 |

## Table 48. Children Receiving Psychiatric Community Services by Region, Psychiatric Services Branch, 1978 to 1982*

| Psychiatric region | 1978 | | 1979 | | 1980 | | 1981 | | 1982 | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | **2,927** | **(22,998)** | **2,859** | **(20,453)** | **3,204** | **(24,550)** | **2,906** | **(21,870)** | **2,860** | **(19,960)** |
| Moose Jaw | 89 | (438) | 102 | (716) | 85 | (824) | 71 | (500) | 82 | (563) |
| North Battleford | 228 | (2,306) | 200 | (1,721) | 229 | (1,928) | 299 | (3,498) | 412 | (4,804) |
| Prince Albert | 363 | (2,221) | 384 | (2,395) | 408 | (3,144) | 376 | (2,551) | 365 | (2,292) |
| Regina | | | | | | | | | | |
| – Mental Health Clinic | 61 | (194) | 29 | (240) | 39 | (232) | 29 | (155) | 23 | (117) |
| – Child and Youth Services | 833 | (6,071) | 782 | (4,742) | 961 | (6,433) | 838 | (5,201) | 935 | (4,836) |
| Saskatoon | | | | | | | | | | |
| – MacNeill Clinic | 776 | (7,172) | 777 | (4,776) | 890 | (6,222) | 801 | (5,386) | 665 | (3,691) |
| – Mental Health Clinic | 46 | (293) | 53 | (340) | 54 | (364) | 24 | (248) | 33 | (200) |
| Swift Current | 91 | (747) | 102 | (983) | 113 | (1,405) | 84 | (675) | 110 | (1,025) |
| Weyburn | 135 | (1,197) | 156 | (2,394) | 157 | (1,872) | 159 | (1,492) | 127 | (1,779) |
| Yorkton | 305 | (2,359) | 274 | (2,146) | 268 | (2,126) | 225 | (2,164) | 98 | (643) |

* *Numbers in parentheses indicate related contacts with children and their families.*

## Table 49. Persons 65 Years of Age and Older Receiving Community Services by Region, Psychiatric Services Branch, 1980 to 1982*

| | 1980 | 1981 | 1982 |
|---|---|---|---|
| **Total** | **1,438 (14,107)** | **1,357 (13,138)** | **1,366 (13,200)** |
| Moose Jaw | 163 (2,276) | 151 (1,826) | 155 (1,392) |
| North Battleford | 200 (2,185) | 216 (2,535) | 238 (2,660) |
| Prince Albert | 236 (2,020) | 237 (1,811) | 217 (1,584) |
| Regina | 122 (1,344) | 103 (871) | 100 (915) |
| Saskatoon | 187 (1,408) | 163 (992) | 149 (1,147) |
| Swift Current | 78 (367) | 79 (737) | 75 (778) |
| Weyburn | 205 (1,873) | 194 (1,679) | 219 (2,324) |
| Yorkton | 247 (2,634) | 214 (2,687) | 213 (2,400) |

* *Numbers in parentheses indicate number of services*

### Child and Youth Services

The Psychiatric Services Branch provides services to children and youth to enhance the mental health of both the child and family, to prevent handicapping through early detection and structured intervention, and to reduce the impact of emotional and mental disorder. This is done through direct treatment and family support, and where necessary, through the least restrictive residential alternative. Coordination and consultation with other organizations serving children, youth and families are emphasized. This helps develop social networks and strengthen the response of communities.

Services are provided by multi-disciplinary professional teams in each mental health region. Specialized clinics in Regina and Saskatoon serve as major referral centres.

### Services to the Elderly[1]

In order to meet the special mental health service needs of the elderly, the Branch employs a consultant who provides support to regional staff. In addition, the consultant takes an active role in resource planning and is actively involved with both public and professional education.

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[1] *For additional details see page 9.*

### Forensic Psychiatry

Forensic psychiatric services in Saskatchewan are services requested by the courts. They are mainly provided by the Psychiatric Services Branch. All regions accept persons referred for assessment by the courts. Most assessments are conducted on an outpatient basis, some are undertaken in inpatient facilities while others take place in detention units and correctional centres. When maximum security holding facilities are required for assessment and psychiatric treatment, persons are referred to the Federal Government's Regional Psychiatric Centre in Saskatoon.

### Treatment of Offenders

Many offenders charged under the Criminal Code receive mental health services. Treatment services are frequently recommended by the courts and may be made a condition of probation orders. A limited number of offenders are treated in the inpatient facilities operated by the Branch. When more security is required than an inpatient facility can reasonably provide, other facilities, such as the Regional Psychiatric Centre, are used.

### Order-in-Council Patients

Some patients are detained in psychiatric and other treatment facilities under provisions of the Criminal Code. When persons are found "unfit to stand trial" or "not guilty by reason of insanity", they may be detained in custody under the authority of a warrant of the Lieutenant Governor of Saskatchewan (an Order-in-Council). During the year, two new warrants were issued and four patients were released from Order-in-Council status. The 19 persons in care on December 31, 1982 may be described as follows:

| | Total | Male | Female |
|---|---|---|---|
| **Total** | **19** | **18** | **1** |
| Unfit to stand trial | 7 | 7 | 0 |
| Not guilty by reason of insanity | 12 | 11 | 1 |

An Advisory Board of Review exists to review the status of all persons detained under Orders-in-Council. Two reviews are conducted each year and recommendations are forwarded to the Lieutenant Governor-in-Council.

## Day Hospital, Rehabilitation and Vocational Services

Mental health problems are frequently caused, exacerbated or unnecessarily prolonged by a lack of meaningful day-time activities. The Branch provides occupational and recreational therapy programs in all regions. Day hospital services are available in all psychiatric centres and psychiatric units in general hospitals. In addition to Branch services, non-government agencies provide basic activities, life skills training, vocational training and sheltered employment through contractual arrangements or government grants.

### Sheltered Workshops and Activity Centres

A sheltered workshop or activity centre is a work-oriented rehabilitation facility in which clients learn work skills and are involved in producing a wide variety of goods and services. There are 29 sheltered workshops and activity centres in Saskatchewan managed by community boards. Only a small percentage of the persons attending have a history of mental health problems. The Branch operates one workshop at Saskatchewan Hospital North Battleford.

### Community Service Centres

The Psychiatric Services Branch provides the Mental Health Association in Saskatchewan with an annual grant to operate four community service centres located in Regina, Saskatoon, Moose Jaw and Weyburn. These centres provide clients with social, recreational and occupational opportunities. The Mental Health Association is also responsible for the Community Friends program. Other projects and services available through the Association include summer camps, training on the job, job placements, social action, volunteer visiting and public education.

### Self-Help Groups

The Psychiatric Services Branch has encouraged and been supportive of the development of self-help groups for persons with psychiatric disorders, recovering patients and family members. During 1982-1983, a number of such groups were newly formed or strengthened: By Ourselves, the Crocus Co-operative, S-H-A-R-E, Agoraphobics Society, Friends of Schizophrenics, Alzheimer's Association and Societies for Autistic

Children. A home-based family support program for autistic children funded by Psychiatric Services Branch and provided by the Society for the Promotion of Education and Activities in the Home (SPEACH) has been highly effective in reducing institutional placement of children with autism and related communication disorders.

## Residential Services

For individuals who are in need of support and guidance in daily living, a continuum of residential services has been developed throughout the Province. Services include approved homes, group homes and treatment homes, as well as a supervised apartment living program. Payment for these services is on a fee-for-service basis using rates established under the Saskatchewan Assistance Plan.

### Approved Homes

Family homes may be licensed, under regulations of The Mental Health Act, to provide a supportive residential environment in the community for a maximum of five individuals who require assistance in daily living. Approved homes are used by Psychiatric Services Branch, Saskatchewan Health, and Core Services (Mental Retardation Program), Saskatchewan Social Services. These homes are examined periodically to ensure that acceptable physical standards and levels of care are being provided.

On December 31, 1982, there were 373 approved homes with a total approved capacity for 1,149 guests. Occupancy involved 948 residents.

### Group Homes

Group homes are established by volunteer community boards. They offer a high staff:client ratio within a family type setting. In 1982, a new group home program was developed for Lloydminster. With the opening of this home, there are now 11 homes in operation throughout the Province: two each in Regina, Saskatoon and North Battleford regions and one in each of the remaining five Mental Health Regions.

### Supervised Apartment Living

In conjunction with the establishment of Group Home Programs, two volunteer boards have also established pilot projects in supervised apartment living. There are now ten apartments with 13 spaces in Regina and two apartments with two spaces in Saskatoon, adding another dimension to the total continuum of residential services in those regions.

## Research, Education and Health Promotion

Research, education and health promotion are important activities supported by the Psychiatric Services Branch. The Research Division does basic and applied research aimed at gaining a better understanding of the nature of mental illness and the factors that give rise to mental and emotional disturbances. It also evaluates the effectiveness of services and service systems. For a complete description of the Research Division see below.

All regions are involved in professional education. As well as seeking to maintain and improve the skills of staff, the Branch provides training opportunities for students in most of the mental health professions.

Public education in the areas of mental health and mental illness is increasingly being viewed as an important part of regional programs. Efforts are being made to increase the emphasis given to mental health promotion and primary prevention through initiatives such as the Community Liaison Worker Program, which began in 1981 as a pilot project in the Swift Current region and continues to function successfully. The program employs local citizens in Eastend, Frontier, Leader, Maple Creek, Ponteix and Shaunavon to provide public information, referral and liaison with the Swift Current Mental Health Centre. The intention of the program is to improve service accessibility and continuity for rural residents, and to assist regional staff in defining and meeting community mental health education needs. The program was formally evaluated during 1982-83 and found to be highly beneficial at minimal cost.

### Psychiatric Research

The Research Division has three sections, each of which reports to the Director of Research. The sections are: a Basic Studies Unit, an Analytic Mass Spectrometer Group and an Applied Studies Unit. A program change to consolidate the Applied

Studies capability in the Research Division within the Department of Health took place in late March 1983.

The Division generated 97 publications and presentations during the 1982-83 fiscal year. These included: 13 chapters and review articles, 43 referred articles, 5 reports, 2 theses and 34 papers presented at national and international meetings. A complete list of publications can be obtained from the Psychiatric Services Branch, Psychiatric Research Division, CMR Building, University of Saskatchewan, Saskatoon.

During the past year, staff in the Research Division obtained more than $320,000 in funding from external agencies. More than $120,000 was awarded by the Medical Research Council for continuing studies of Cerebral Trace Amines. Continuing funding was also obtained from the National Health Research and Development Program for a large scale interdisciplinary study of biosocial predictors of mental illness.

In addition to their active involvement in research programs, many staff serve on the editorial boards of scientific journals, participate in the process of reviewing grant applications from funding agencies and serve in a number of capacities in professional and community organizations concerned with mental health and mental health research.

# Finance

## Revenue — Collections from Estates

Mental health services are provided without charge to Saskatchewan residents. However, The Mental Health Act states that a claim may be made upon the estate of a deceased person for care received in certain provincial institutions prior to May 1, 1979. The allowable claim is $5 per day of care. Certain beneficiaries of the estates residing in Saskatchewan are exempt from this claim, including father, mother, husband, wife, child, brother or sister. Other exemptions may be considered under certain circumstances defined in the legislation.

The following is a table showing the number of claims filed, the amount of the claims and the amount collected for the last five fiscal years.

## Expenditures

Total provincial expenditures by Psychiatric Services Branch for the fiscal year ending March 31, 1983 amounted to $27,783,707. Of this amount, $26,573,962 was expended on mental health services and $1,209,745 on psychiatric research.

If expressed as a per capita cost for the entire provincial population, the expenditure made by Psychiatric Services Branch for mental health services, including research, was $27.76. This per capita cost does not include payments made by the Saskatchewan Medical Care Insurance Commission to psychiatrists and other physicians in private practice or university positions. This compares with a per capita cost for last year of $24.09.

## Table 50. Collections from Estates, Psychiatric Services Branch, 1978-79 to 1982-83

| Year | Number of claims | Value of claims | Amount collected |
|---|---|---|---|
| 1978-79 | 52 | $1,342,639.43 | $477,587.65 |
| 1979-80 | 34 | 1,051,163.62 | 317,027.63 |
| 1980-81 | 31 | 845,433.89 | 290,420.89 |
| 1981-82 | 26 | 905,821.28 | 285,745.25 |
| 1982-83 | 40 | 1,174,407.98 | 258,211.02 |

# Regional Highlights

## Weyburn

A part-time mental health clinic was established in Carlyle with service being provided two days per week by mental health professionals from the Weyburn Psychiatric Centre.

## Yorkton

A Day Hospital Program was established at the Yorkton Psychiatric Centre to provide assessment and treatment services during the day.

Two new positions expanding services to children, youth and their families in the Yorkton Region were established at the Yorkton Psychiatric Centre.

## Prince Albert

One new position for enhanced services to children, youth and their families in the Prince Albert Region was established at the Prince Albert Psychiatric Centre.

Professionals from the Prince Albert Psychiatric Centre increased their attendance at a part-time mental health clinic in Creighton.

## Moose Jaw

Mental health services to children, youth and their families in the Moose Jaw Region continue to be more fully developed with the establishment of two new positions at the Moose Jaw Psychiatric Centre.

## North Battleford

The Eizabeth "Libbie" Young Residential Centre, a group treatment home, was opened in Lloydminster.

The expansion and improvement of programs and services offered at the Lawson Centre in North Battleford led to an increase in the number of clients attending the Centre.

The number of children receiving mental health services and the contacts made with children and their families rose dramatically in the Battlefords Region in 1982. The increase can largely be attributed to the move of community and outpatient services from the Saskatchewan Hospital North Battleford to the Battlefords Mental Health Centre.

Renovations to all areas of the roof at the Saskatchewan Hospital North Battleford, previously damaged by fire, were completed in early 1983.

## Swift Current

Staff of the Swift Current Mental Health Clinic provided consultation and support to a pilot project at the Palliser Hospital for Level 4A patients.

Two new positions for expanded mental health services to children, youth and their families were established at the Swift Current Mental Health Clinic.

A Liaison Worker Program, which began in 1981 as a pilot project in the Swift Current region, continues to function successfully. This program employs local residents in six small communities on a casual basis to provide public education, referral and liaison between the communities and the Swift Current Mental Health Centre.

## Saskatoon

The Crocus Co-operative, a self-help group in Saskatoon for persons with a history of mental health problems, was established as a non-profit society in late 1982.

A supervised apartment living pilot project for persons with mental health problems was started in Saskatoon under the auspices of the Saskatoon Social Development Council.

A Child Sexual Abuse Services Team, a multi-agency and disciplinary team of workers, was formed in Saskatoon to help develop and coordinate community services for identification and treatment of child sexual abuse. A therapy group for pre-adolescent female victims commenced at the MacNeill Clinic in January 1983.

## Regina

Approval was received for improved crisis intervention and short-term supervised accommodation for violent, dangerous or difficult to serve clients in Regina. The Phoenix Residential Society and Regina Mobile Family Crisis Services were each awarded a grant from the Department of Health to begin developing and providing services.

The Phoenix Residential Society in Regina began a small scale project in supervised apartment living for persons with mental health problems. Ten apartments were available for this program in 1982-83.

# Appendix: Summary of Legislation

On June 17, 1982, the 1982 session of the Legislative Assembly commenced. On July 16, the following two health Bills were given first reading: Bill 34 being An Act to amend The Marriage Act and Bill 32 being An Act to amend The Lloydminster Hospital Act.

Most of the proposed amendments to The Marriage Act made provision for the responsibility for the administration of the Act to be transferred from the Department of Health to the Department of Justice.

The amendments to The Lloydminster Hospital Act authorized the Lloydminster Hospital Board to take over the operation of the local nursing home and auxiliary hospital.

On July 16, 1982, the Legislative Assembly adjourned.

On August 20, 1982, the Legislative Assembly reconvened for one day. On that day, the Legislative Assembly enacted legislation entitled "The Cancer Foundation (Maintenance of Operations) Act". This legislation was enacted for the purpose of requiring the employees of the Cancer Foundation who had been on strike to return to work.

On November 22, 1982, the Legislative Assembly reconvened. On December 3, Bill 34 containing the amendments to The Marriage Act was given second reading. This Bill was not dealt with further by the Legislative Assembly during the 1982 session.

On December 17, 1982, Bill 32 containing the amendments to The Lloydminster Hospital Act received the assent of the Lieutenant Governor. This enactment was proclaimed to come into force March 1, 1983.

During the same session, The Department of Northern Saskatchewan Re-alignment Consequential Amendment Act, 1982 was passed by the Legislative Assembly receiving consent of the Lieutenant Governor December 17, 1982. That part of the Act amending certain health Acts came into force on that day.

Those amendments were made as a consequence of the Department of Health assuming the responsibility, effective October 1, 1982, for administering the health programs in the Northern Saskatchewan Administration District that had previously been administered by the Department of Northern Saskatchewan.

One amendment to The Dental Care Act authorized the provincial Dental Plan to provide emergency dental services to adults in those parts of the Northern Saskatchewan Administration District in which the services of a dentist in private practice were not reasonably available.

Another amendment to The Department of Health Act authorized the Minister of Health to conduct programs for subsidizing the cost of transporting food into certain parts of the Northern Saskatchewan Administration District.

The other amendment amended The Public Health Act. This amendment authorized the Minister of Health to provide public health services in any part of the province not included in a health region. This amendment would enable public health services to be provided by the Department of Health in the Northern Saskatchewan Administration District whether or not that district was included in a health region.

## Acts Administered by Saskatchewan Health

The following is a list of Acts which the Department is directly responsible for administering:

*The Abandoned Refrigerator Act*
*The Anatomy Act*
*The Change of Name Act*
*The Dental Care Act*
*The Department of Health Act*
*The Health Services Act*
*The Hearing Aid Act*
*The Hospital Revenue Act*
*The Hospital Standards Act*
*The Major Urban Centres Integrated Hospitals Act (not in force)*
*The Marriage Act*
*The Medical and Hospitalization Tax Repeal Act*
*The Mental Health Act*
*The Mutual Medical and Hospital Benefit Associations Act*
*The Prescription Drugs Act*
*The Public Health Act*
*The Saskatchewan Health Insurance Act*
*The Saskatchewan Hospitalization Act*
*The Union Hospital Act*
*The Venereal Disease Prevention Act*
*The Vital Statistics Act*

## Acts in Which Saskatchewan Health has a Direct Interest

*The Alcoholism Commission of Saskatchewan Act*
*The Cancer Foundation Act*
*The Chiropody Profession Act*
*The Chiropractic Act*
*The Community Health Unit Act*
*The Dental Profession Act 1978*
*The Dental Technicians Act*
*The Dental Therapists Act*
*The Denturists Act*
*The Emergency Medical Aid Act*
*The Health Research Act*
*The Human Tissue Gift Act*
*The Lloydminster Hospital Act 1948*
*The Medical Care Insurance Supplementary Provisions Act*
*The Medical Profession Act, 1981*
*The Medical Scholarships and Bursaries Act*
*The Naturopathy Act*
*The Ophthalmic Dispensers Act*
*The Optometry Act*
*The Osteopathic Practice Act*
*The Pharmacy Act*
*The Physical Therapists Act*
*The Professional Dietitians Act*
*The Psychiatric Nurses Act*
*The Registered Nurses Act, 1978*
*The Registered Occupational Therapists Act*
*The Registered Psychologists Act*
*The Saskatchewan Embalmers Act*
*The Saskatchewan Medical Care Insurance Act*
*The South Saskatchewan Hospital Centre Act*
*The Tuberculosis Sanatoria and Hospitals Act*
*The University Hospital Act*
*The White Cane Act*
*The X-Ray Technicians Act*

POOR

QUALITY

ORIGINAL